1. PLACE			P MAR	rLAND—	CERTIFICATE OF	DEATH 027	55
County		Ca anol	1	A LIMIT	(1/8) Re	gistration Dist. No. 76	
		Westmin			No. 224 E. Main death occurred in a hospital or institution, giv	StSt,	
Length of r	esidence in ci	ity or town where o	death occurred	Qyrsmos	death occurred in a hospital of institution, give	n birth?yrsme	os
2. FULL N	AME	E. Ha	rry Alli	son			
(a) Resid	ence: No	224	E. Mair		St.,Ward.	nonresident give city or town and	State
PERSC	NAL AN	D STATIST	ICAL PARTIC			FICATE OF DEATH	
3. SEX Male		or or race	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH March	th) (Day)	, 193.7
5a. If married, wid HUSBAND of (or) WIFE of			Alliso	on		RTIFY, That I attended	decease
6. DATE OF BIRT	H (month, day	y, and year) J	uly 31	1864	I last sew have alive on	and 2 - , 1927	; death
7. AGE	rears	Months 7	Days 2	If LESS than I day,hrs.	to have occurred on the date stated above The PRINCIPAL CAUSE OF DEATH and I		34
8. Trade, pro	fession, or pa f work done, FR. BOOKKEE	articular es SPINNER, EPER, etc.	helper	l ormin,	were es follows	Verumhage;	Date of
9. Industry o	r business in was done, as S MILL, BANK, o	n which	inoleum	plant	Duration: about on		
	ased last wor cupation (mo	rked at onth and 2/1	11. Total tir span occur	ne (yeers) t in this 17 pation			-
12. BIRTHPLACE			imore Marvland	1	Other Contributory Canges of Importance:	dian	me
1			S. Allis		Juana	No.	19
13. NAME 14. BIRTHPLA (State	CE (city or to	Ba	ltimore, Maryland		Name of operation		-
ដ្ឋារ 15. MAIDEN	NAME L	eanna D	avis		23. If death was due to externel causes (VI		
	CE (city or to	own)Ma	ryland		Accident, suicide, or homicide?		
17. INFORMANT	Mr		e C. All inster.		(Sp Specify whether injury occurred in INDUS	ecify city or town, county and Stat STRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREM		REMOVAL		4 ,19 37	Manner of injury		
	J.	Francis	Reese		24. Was disease or injury in any way relat		по
19. UNOERTAKER (Address)			ter. Md.		If so, specify		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

_____yrs.____mos.____ds.

Y. That I attended deceased from

____ Oate of ___ ---- Was there an autopsy? Zeo

Date of injury ______ 19_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUREAU	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TENT Chan		[68]	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterus	1 year
100 000			1

ADDITIONAL SPACE FOR EURTHER STATEMENTS BY

ADDITIONAL BIACI		 	

BINDING FOR RGIN RESERVED

OF

rion is CAUSE mation

19. UNDERTAKER (Address)

20. FILED ...

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should County 79 Registration Dist. No. Village or City (If death occurred in a hospital or institution give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred statement If U. S. Veteran, specify WAR, (a) Residence: No If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 21. DATE 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) PERMANENT CTL (Month) 5a. if married, widowed, or divorced HUSBAND of (or) WiFE of EX certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Yaars If LESS than Months 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc back 9. Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation ___ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See Name of operation..... 14. BIRTHPLACE (city or town plain (State or country) carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town DEATH (State or country) Where did injury occur?___ plnous

What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury. if so, specify (Address)

(Dey)

That I attended deceased Irom

Date of onset

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-V.S. No. 1 S-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT REC

	JF MARYLAND—	CERTIFICATE OF DI	EATH	
1. PLACE OF DEATH County Carroll		(3i) Registra	tion Dist. No.	4
Village or City Gaith	25	No. f death occurred in a horpital or institution, give its N sds. How long in U.S. if of foreign birth	St.,	Ward
2. FULL NAME (a) Residence: No.	R Bestl	If U. S. Veteran, specify WAI		as
(a) Residence. Residence	(Usual place of abode)	If nonres	ident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICA	ATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH THAT CL (Month)	/5 (Day)	, 193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	end H. Beall	22. October 17,1937,10	IFY. That I attended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last sew here alive on to have occurred on the date stated above, et d	15 ,1937 12 Am.	; death is said
8. Trede, profession, or particular	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ware as follows:	i causes of Importance	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	nove	The Tubular me	fohrete;	Jan. 3 1922
SAW MILL, BANK, etc	11. Total time (years) spant in this occupation	Other Coutributory Causes of importance:		
(State or country)	ud.	-		~~~~~
13. NAME ALLEN	Ourdelle		~~~~~~~~~	-
(State or country)	me,	Name of operation	Date of Was there an a	u'opsy 24
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	med.	23. If death was due to external causes (VIOLEN Accident, suicide, or homicide?		
17. INFORMANT Mus. Europe (Address)	a L. Spurier	Where did injury occur? (Specify c Specify whether injury occurred in INDUSTRY,	city or town, county and Stat in HDME, or In PUBLIC PL	e) ACE,
18. BURIAL, CREMATION, OR REMOVAL	luy mar. 17, 1937	Manner of injury		
19. UNDERTAKER HERE (Address)	alle med.	24. Was disease or Injury In any wey related to	occupation of deceased?	io
20. FILED MAN 15, 19 37 G	Harry Heer Registrar.	(Signed) fall of	wille i	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial 'nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 5 1931	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S	RD. Every	YSICIANS	statement	
	RECO	7. PH	Exact	
ARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BI	PEF	国	ly (ate.
FOR	IS A]	stated	proper	TION is very important. See instructions on back of certificate.
Q	HIS	pe	be	jo
V	F	pli	ay	sck
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H	ING	A(0 11	tion
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V. S. No. 1	B.		Ī	Î
> 50	ż			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02/59
1. PLACE OF DEATH	<u> </u>
County arrold	Registration Dist. No. 76
Village or City westminster, bud.	No. St. Ward
(H	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredycsmos	ds How long in U.S. if of foreign birth?
2. FULL NAME Bany Backer	
(a) Residence: No. R. # 5 Westweeter Mrs. (Usual place of abode).	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3 - /2 193 7
5a. If merried, widowed or divorced	(Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decreesed from
	mar 62, 1937, to march 12, 1937
6. DATE OF BIRTH (month, day, end yeer) war 12/37	I last sew h law alive on warch 12, 19 37; deeth is seld
7. AGE Yeers Months Deys If LESS then	to have occurred on the date steted above, et
Stillhard I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es followed:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Shelham
9. Industry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc.	- Walled Land
O 10. Date deceesed lest worked et this occupation (month end spart in this occupation occupation	
your your and a second	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Alexander Line (State or country)	
14. BIRTHPLACE (city or town) Lelysburg	
4 14. BIRTHPLACE (city or town)	Name of operation
	Whet test confirmed diegnosis? Was there an eulopsy?
15. MATDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?, 19, 19, 19
(Stete of Explicity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Plece Deg , 19,3	Neture of injury
19. UNDERTAKER TOTAL SECTION OF THE	24. Was disease or injury in eny way releted to occupetion of deceesed?
(Address) A Waynofa Cold	(Signed) (Henry Beicker M. D.
20. FILED 7/12, 195/ Clare Registrar.	(Address) liele type with his
76	N. C. L. C. L. D. L. C.

DOME

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
STREAU V. S.	100		
and the state of t	1.7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Les med

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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V. S. No. 1

STATE OF MARYLAN 1. PLACE OF DEATH	D-CERTIFICATE OF DEATH 02760
County Carroll	Registration Dist No. //
Village or City Sy plantle Mid	(If death occurred in thorpital or institution, give its NAME instead of street and number)
Length of residence in effy or town where death occurredyrsc	mos. J. ds. flow long in U.S. if of foreign birth?yrsmosds
(a) Residence No 06 Central and (Usual place of about)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the Market) 1. SEX 4. COLOR OR RACE OR DIVORCED (write the Market) 1. SEX OR DIVORCED (write the Market)	
HUSBAND of (or) WIFE of Mas Buston	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) About 18	3 8 1 Just saw ham alive on Man 21, 1937; death Is sai
AGE Years Months Deys If LESS 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Questinal obstruction 4de
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et his occuration (most hand	not due to conser Probably due to
10. Date deceased last worked et this occupation (month and spent in this occupation occupation	- interescoption . Classification
2. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of impostance: Sulling years Authorized
13. NAME	my constant
13. NAME 14. BIRTHPLACE (city or town) 4 Months 1. (Stete or country)	Name of operation Date of Date of What test confirmed diagnosis? Superior Examples of an autopsy?
15. MAIDEN NAME	23. Il deeth was due to external cadses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Luchurum (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
7. INFORMANT Hoofistal Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Carpate Mars. 22	1937. Nature of Injury
9. UNDERTAKER THE COOK (Address) If Paul & Preston Slo.	24. Was disease or injury in any way releted to occupation of deceased?
0. FILED. , 19	(Signed) MM Marky M. M. (Adams) Juna Lilla Mark

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

should state

PHYSICIANS Exact statement

of OCCUPA-

AGE should be stated EXACTLY.

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

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mation should be carefully supplied.

N. B.

See instructions on back of certificate.

STATE OF MARVIAND	CERTIFICATE OF DEATH 02761
	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1749
County Cliff Co.	Registration Dist. No.
Village or City Offees Valle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME / William Upshington	Cash4r U. S. Veteran, specify WAR
(a) Residence: No. Thagers town that	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AND CALLED TO
110 W. married	(Month) (Day) (Year)
5a. If married, widowed, or divorced Marclen nume unk	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mro William Cash	19 19
6. DATE OF BIRTH (month, day, and year) cere 2 /867	I last saw halive on
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2.05 P.m.
69 9 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, July 00	Frantisa / Spull Date of onset
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER Labour SAWYER, BOOKKEEPER, etc. 9-Industry or businass in which work was done, as SILK MILL, Rail Rould SAW MILL, BANK, etc.	
U 10. Date decaasad last worked at 11. Total time (years)	
this occupation (month and 1930 spent in this 1042	
12. BIRTHPLACE (city or town) UNK	Other Coutributory Causes of importance:
(State or country) Urgunia.	
13. NAME Marcellus Cush.	
13. NAME Marcellus Cosh. 14. BIRTHPLACE (city or town)	Name of oparation Data of
(Stata or country) // requiries	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (una Maye	23. If daath was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) LINK	Accident, suicida, or homicida? To he leave Data of injury 3/2 2 19.37
(State or country) / Lrally	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CO Jacque Couds	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR BEMOVAL	Manner of injury Struck with fund
Place / Le quelons med Data 3/25 1937	
Jon 5 4 1 6 - 10	Nature of injury
19. UNDERTAKER (Address)	24. Was disaase or injury in any way related to occupation of decaasad?
MI MARCHANIA	(Signer) Server E. Flanger Coroner
20, FILED / War VV19 J	

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago v s 1 50 A 1 1 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

B.—WRIT

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V. S. No. 1

TION is very important. See instructions on back of certificate.

state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 027	762
1. PLACE OF DEATH	(83)	
County Carroll	Registration Dist. No. 7 4	
Village or City Sufferville, Md.	No. Springfield State Hospital. St.	Ward
	If death occurred in a hospiful or institution, give its NAME instead of street and numbers	er)
		OS.
	If U. S. Veteran, specify WAR	
(a) Residence: No. Wolland - Md - (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decea	ised from
6. DATE OF BIRTH (month, day, end year) Wald 17, 1884	l last saw high elive on March 4- 1937; dea	-
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	13 3014
52 9 15 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance	
9 Tende profession or postinutes	_ Dst	te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- S.	nice.
S. Hade, procession, or particular, as SPINNER, SAWYER, BOOKKEEPER, etc	General Paralysis of the Insane No	n-1936
10: Date deceased last worked at this occupation (month end this occupation (month end yeer) 11. Total time (years) spant in this occupation 30		
12. BIRTHPLACE (city or town) OCCOM	Other Contributory Causes of importance:	
(Stete or country) Mary family	- Muncucial Dealmentum M	1931
13. NAME Socar C. Carangual		777.116.0
14. BIRTHPLACE (city or town). Lankharan	Name of operation Dete of	
(State of Country)	What test confirmed diagnosis? Was there en eu ops	12. SA
15. MAIDEN NAME Wary a Mohan	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	7-3-1
15. MAIDEN NAME MANY Q Mohan 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of Injury,	19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Touthal Records (Address) Silesible Md-	Specify whether injury occurred In INDÚSTRY, in HOME, or in PUBLIC PLACE.	
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Dete / 19.D	Neture of Injury	
19. UNDERTAKER Louis Stein Due. (Address) Churcheland Md	24. Was disease or injury In any wey related to occupation of deceased?	
20 FILED Mar. 4 1937 Offary Here	(Signed) M. Vinginia Buyir	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AFR 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		<u> </u>

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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Exact statement

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

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CIVIL			V VII J	CERTIFI				
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	SIAILO	L MINK	ILAND	CERTIFICATE	OF DEA	111	7230
1	. PLACE OF DEATH			(§		0	7
	County Arrall				Registration D	ist. No.	/
	Village or City M. Mun	m /3	- dg	No. death occurred in a horpital or instit	ution, give its NAME	instead of street and	Ward
	Length of residence in city or town where de	eath occurred	yrsmos	ds. How long in U.S. if	of foreign birth?	yrsm	osds.
2	. FULL NAME TOR	tus ,	Laler	uau			
	(a) Residence: No.	(Usual place	of abode)	St.,Ward.	If nonresident gi	ive city or lown and	State
	PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL C	CERTIFICATE	OF DEATH	
	SEX 4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	har	3/	, 193_ 7
5a.	If married, widowed, or divorced		1		(Month)	(Day)	(Year)
	HUSBAND of (or) WIFE of			22. I HEREB	Y CERTIFY	That I attended	deceased from
6.	DATE OF BIRTH (month, day, and year)	Lar 31	-37.	I last saw h elive on		. 19	_: death is said
_	AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA			
_	8. Trade, profession, or particuler kind of work done, as SPINNER,		t or tilling	were as follows:			Date of onset
0	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	·		Stillhe	rth		
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			# 11			-
000	10. Date deceased last worked at this occupation (month end year)	11. Total ti spen occu	me (years) nt in this pation				-
12.	BIRTHPLACE (city or town) Murum (State or country)	1/3m	id you	Other Contributory Causes of imp	ortance:		-
2	13. NAME LED. A Cale	man					
FATHER	14. BIRTHPLACE (city or town)	ion b	lridju				-
2	15. MAIDEN NAME O SLIGHT A	Pri	4 1 1	What test confirmed diagnosis?			
MOTHER	16. BIRTHPLACE (city or town)	w/gr	dget	23. If death was due to external ca Accident, suicide, or homicide?			•
	(State or country) INFORMANT (Address)	Mrs.	w ms	Where did injury occur? Specify whether injury occurred	(Specify city or to in INDUSTRY, In HOM	own, county and State IE, or in PUBLIC PL	te) ACE.
18.	BURIAL, CREMATION, OR REMOVAL	Date Ges	84,1537	Manner of injury			
19.	UNDERTAKER Just A. Colle (Addiess) Vanion 15	man F	ther)	24. Was disease or injury in any		ion of deceesed?	no.
20,	FILED After 1, 1937	Liche	Registrar.	(Signed) As . 1. (Address) Russ	March Windson	nh	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage MAY 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	(A. 10)
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. Ods. How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME Helen Coleman If U. S. Veteran, specify WAR None Ensor St., Balto., Maryland Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) female Colored 5a. If marriad, widowad, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1937 to March 29, March 7. 1910 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Months Devs If LESS than I day, ____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importence 0 or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION 9-Industry or business in which work wes dona, as SILK MILL, Unknown SAW MILL, BANK, etc. 10. Date dacaased lest worked at II. Total time (yaars) spent in this Juknow this occupetion (month end) 12. BIRTHPLACE (city or town) (State or country) ER ReubennColeman 13. NAME FATH 14. BIRTHPLACE (city or town) Portsmouth Neme of operation. (Steta or country) What test confirmed diagnosis? Was there an autopsy? X.C.S MOTHER 15. MAIOEN NAME Ruby Patterson 23. If deeth was due to external causes (VIOL ENCE) fill In elso the following: Accidant, suicide, or homicide? ___. 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Reuben Hoffman Spacify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE (Addrass) Henryton, Maryland 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury ___ Netura of Injury.... 24. Wes disees or injury in eny wextreleted to occupation of deceesed?_ If so, specify ___.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Local

Maryland

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Example I V E D	i	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis y	3 days ago		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

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Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1)	63	19	0	A
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1. PLACE OF	DEATH	N. Diegona		163	
County	Carro	11		Registration Dist. No. 26	
	yWestmins		(If	No. We stern Md. Collection St., f death occurred in a horpital or institution, give its NAME instead of street and numb ds. How long in U.S. if of foreign birth?	
	William Cumbe			St., Ward.	
	L AND STATISTIC			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	1
		S. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH March (Month) (Day) , 193	3_17(Year)
5a. If married, widowed HUSBAND of (or) WIFE of	d, or divorced			22. I HEREBY CERTIFY, That I attended decer	
6. DATE OF BIRTH (m 7. AGE Years 21	Months	obruary Days 19	17 1916 If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	
9. Industry or bu work was d SAW MILL, 1D. Oate deceased this occupa	rk done, as SPINNER, BDOKKEEPER, etc Isiness in which Jone, as SILK MILL, , BANK, etc	11. Total ti	College	Cyande of Patrist /	18/3-
12. BIRTHPLACE (city (State or countr	,,	erland ryland Coleman	1		
(State or co	city or town)C	umberla Marylan	nd id	Name of operation Date of What test confirmed diagnosis? Was there an autop	7-1
16. BIRTHPLACE (Gralben berland yland		23. If death was due to external causes (IDLENCE) fill in also the following: Accident, suicide, or homicide: Where did Injury occur?	, 19
17. INFDRMANT(Address) 18. BURIAL, CREMATIO		Coleman land Md		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
· ·	berland, Md	•Date Mar	11,19 37	Manner of injury	
19. UNDERTAKER(Address)	J. Francis Westmins			24. Was disease or injury in any way related to occupation of deceased? 22. If so, specify (Signed)	Reg
20. FILEO	10/04	K. COZZ	Registrar.	(Address) / Koltrainette	(

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage APR 6 434	July 5,1927	Peritonitis	3 days ago	
AMERICAU V. S.		total venta		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

we stand

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA 1. PLACE OF DEATH County (3-auc plnods Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence In city, or town where death occurred... How long In U.S. if of foreign birth?______yrs.____mos.____ds. RECORD. Every statement PHYSICIAN (a) Residence: No. St., (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CIL (Month) classified. FOR BINDING 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceesed from (or) WIFE of 1 certificate 6. DATE OF BIRTH (month, day, end year) properly to have occurred on the data stated above, at 2.30 Pm 7. AGE Years Months Days If LESS than 1 day..._hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. 8. Trede, profession, or particular OCCUPATION RGIN RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at On 11. Total time (yaars) this occupation (month end spent In this that occupation ___ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See Name of operation. 14. BIRTHPLACE (city or town). plain (State or country) efully Was there an autopsy? MOTHER important. in 23. If death was due to external causes (VID LENCE) fill in also the following: Accident, suicide, or homicida?_____ Date of injury______19_ DEATH 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?.. (Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. very 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR Manner of injury S CAUSE mation LION Nature of injury. 24. Was disease or injury in eny way related to occupation of depeased? 19. UNDERTAKER S. No. 1 (Address) If so, specify (Address)

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Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
			38	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
NA THE STATE OF TH				

stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of-infor-Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

REGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

-)	rroll			d Branc		Registration Dist. No74	
				and	No.	n a hospital or instituti	St., ion, give its NAME instead of street a	Ward
Len	gth of residance in	city or town whera	death occurred	yrs 2 mos	7ds. I	low long In U.S. if of	foreign birth?yrs	_mosds.
	LL NAME						specify WAR None	
(a)	Residence: No.	32 S. C	ourt St	., Freder	ick. Ma	rwakdand	If nonresident give city or town	16.
	RSONAL AI						ERTIFICATE OF DEATH	
s. sex	4. COL	or or race	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE	OF DEATH	March 29	, 193 ⁷⁷
5a. If marr	iad, widowed, or div							(1001)
	VIFE of		-				CERTIFY, That I attend	
6. DATE O	F BIRTH (month, d	av. and year) Ma	y 25, 1	919			March 29, 19	
7. AGE	Years	Months 10	Days 4	If LESS than 1 day,hrs. ormin.		AL CAUSE OF DEAT	d ebove, at $10:10$ m. A . It and related causes of importance	
2 8. Tr	ade, profession, or kind of work done SAWYER, BOOKKE	particular					ary Tuberculos	Date of onset
2			Schola	r		****		
9/In 10. Da	dustry or business work was done, as SAW MILL, BANK,	SILK MILL, etc						Nov.
10. Da	te deceased last w	orkad at	11. Total	tima (yaars)				TANO.
	year)	onth and Chow.		ent in this supation Unknow		utery Causes of Impo	rtance:	
	PLACE (city or town ate or country)	, Frede Maryl						
1			Diggs					
E	RTHPLACE (city or	-				ation — —	Date (of
14.01	(State or country)						——— Was thara	
15. M	NIDEN NAME		he Ross		H		ses (VIOLENCE) fill in also the follo	-
15. M/	RTHPLACE (city or	town)Unkno	vm				Dete of Injury	, 19
17. INFOR		Reuben :	Hoffman	land		ner injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	State); PLACE.
18. BURIA	, CREMATION, OR	REMOVAL Bra	torosvi	le Com.	Menner of Inj	ury		
Pla	.Barton	sville!	Marte 3	131,193	1			
19. UNDER	TAKER M. ddress) Fl	R. Et	do n	for		e or injury In any wa	ay related to occupation of daceased	, No
	3/00/2n	, 19 albe	it RS	wantehan	(Signed)	Menber	1 Holling	
20. FILED.	0/60/01	, 190000	7	Registrar.	SQ P	TT.	enryton), Maryla	3

V. S. No. 1

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BURRAU V. S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			e e e e e	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02767
1. PLACE OF DEATH	94-0
County Coursell Sulses	Registration Dist. No.
Village or City Mr. Mestminsler	NoSt., Ward
, ,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
1 9-1 - 91	1.15 - 10
2. FULL NAME CHANGE GARDENNE CARD	MUSTAL 1f U. S. Veteran, specify WAR
(a) Residence: No. 70 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write Hie word) 5. If married, widowed, ordivorced	21. DATE OF DEATH March 19th (Month) (Day) (Year)
HUSBAND of Johne E. Eckenrode	1 HEREBY CERTIFY, That I attended deceased from 1937, to Mush 1957, 197
6. DATE OF BIRTH (month, day, and year) Qug. 15 - 1857	I last saw he alive on Much 195, 1997; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 2-50 ft.m.
8 J / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Huguns Verlery
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME) LOTGI W. Store	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mary Sullivan	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MAY SULLIVAN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND JOHN CO as (Address) Westminston, (M.A.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Wistmineter	Manner of injury
Plane Spannes OM. Datemon, 22, 193)	Nature of Injury
19. UNDERTAKER HAMBAN Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2215 19 Thursday	(Signed) Johnny Sterftot M. D.
Registrar.	(Address) Westerder Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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1921	Run over by street car	1 week ago	
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1	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

CEDTIFICATE OF DEATH

	unty	Carr			Registration Dist. No. 7	4
				yland O yrs. O mos	NoSt., death occurred in a horpital or institution, give its NAME instead of street at St	war nd number) _mosd
			sboro,	Maryland	St., Ward. If U. S. Veteran, specify WAR None St., Ward.	16
PF	ERSONAL AN	ND STATIST		re of abode)	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COL	or or race	5. SINGLE, MA	ARRIED, WIDOWED.	21. DATE OF DEATH March 19, (Month) (Day)	, 193 7 (Year)
HUSB	iad, widowed, or div IAND of WIFE of	orcad -			22. I HEREBY CERTIFY, That I attend March 1 19 37, to March 1	9, 19 3
6. DATE O	F BIRTH (month, da Years	ay, and year)	lay 26,	1917	I last saw h. er alive on March 19 19 to have occurred on the data stated above, at 5.45 A. M.	27; death is s
	19	9	21	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:	Data of ons
8. Ir		, as SPINNER, EPER, atc.	domes	tic	Pulmonary Tuberculosis	
	dustry or business i work was dona, as SAW MILL, BANK, ate deceased last we	orked at	unknow	l tima (years)		June 1936
12. BIRTH	PLACE (city or town	Unknov Hills	m-I •	pent in this caupation Unkno	Other Contributory Causes of importance:	
(St	tate or country)	Mary!	z Egger	Son		
Ξ.	RTHPLACE (city or to (State or country)	TIERRO	sboro		Name of operation	
E	AIDEN NAME	11:77	gia Fou sboro	ntain	23. If death was due to external causes (VIOLENCE) fill in also the follow Accidant, suicida, or homicida?	wing:
17. INFORM	(State or country)	Mary] Reube	en Hoff	man, M. D	Where did injury occur?(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	State) PLACE,
18. BURIA	ddrass) L, CREMATION, OR	REMOVAL	7.1	eryland er 21,1927	Manner of Injury	••••••
19. UNDER	//	Dents	el Ist	ore ld.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	No
20. FILED	March 19	13 alles	tRS	ockhaus OCAl Registrar.	(Signad) Leebeer Henryton, Maryla	nd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

WITH UNFADING INK-THIS IS A PERMANENT REC RGIN RESERVED

FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

D. Every item of infor-

V. S. No. 1

N. B.-WRITE PLA

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July 5,1927	Perilonilis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

B ż 16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

(Address)

19. UNDERTAKER

infor- state	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02769
y item of S should t of OCC		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
RD. Ever YSICIAN statemen	2. FULL NAME (a) Residence: No. Length of residence In city or town where death occurredyrsmos. (a) Residence: No. The full	St., Ward. If nonresident give city or town and State
P.F.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RECO	3. SEX 4. COLOR OF RACE OR DIVORCED (purite the world) White And week	21. DATE OF DEATH Much 3 193 7
NFADING INK—THIS IS A PERMANEN plied. AGE should be stated EXACTI erms, so that it may be properly classified instructions on back of certificate.	5a. If married, widowed, or divorced HUSBAND of (ex) WHEE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Bays If LESS than 1 day, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, farmu (Retuel) SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end yeer) 12. BIRTHPLACE (city or town) (State or country) M. A.	(Month) (Day) (Year) 22. I HEREBY CERTIFY. Thet I attended deceased from 1936, to MCA / 1937. ; death is said to have occurred on the date stated above, et 1307m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Other Coutributory Causes of importance:
LY, WITH UNFAI carefully supplied TH in plain terms, cortant. See instru	13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) (State or country)	Neme of operation Dete of

Registrar.

Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury Nature of injury.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1937			
Other contributory causes dimportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PIIYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

okD. Every item of infor-

STATE	OF	MARVI	AND-CERTIFICATE (OF DEATH
SIMIE	UL	MAKIL	AND CERTIFICATE (JI DEATE

()	()	say	800	11	
U	6	7	1	U	

1.	. PLACE OF DEAT	ГН						
	County_Carro	11				Registration Dist. No.	0	
	Village or City Taneytown				death occurred in a hospital or institution	St,	War	
					ds. How long in U.S. if of fo			
2	. FULL NAME	Mrs.Ida	M.Floh	r				
	(a) Residence: No			of abode)	St., Ward.	If nonresident give city or town and	e	
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CER	TIFICATE OF DEATH	State	
3. S		R OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	10:41	7	
	-	N .		ried		Month) S(Day)	, 193 (Yeer)	
5a.	If married, widowed, or divo	rced ·	hr		22. I HEREBY O	CERTIFY. That I ettended	deceased fro	
	(or) wire or O C IIX	20 H 12 T C	/ 111		May 9 M . 19	37 10 mar 13 17	, 19.3.	
	DATE OF BIRTH (month, day					na /34, 19.37	; death Is sa	
7. A	AGE Years 76	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated at The PRINCIPAL CAUSE OF DEATH of			
NO	8. Trade, profession, or pa	orticular as SPINNER, HO	21	ormin.	were as follows:	emortiste	Date of one	
kind of work done, as SPINNER, AQUSEWIFE SAWYER, BOOKKEEPER, etc AQUSEWIFE 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc					900000	y	193	
220	10. Date deceased last wor this occupation (more yeer)	ked at oth end	spe	ime (years) nt in this upation				
12.	BIRTHPLACE (city or town) (State or country)	Md.						
۳ ا	13. NAME Willia	m Angel	1					
FATH	14. BIRTHPLACE (city or to	wn)	Md	•••••	Name of operation	Date of		
-	(State or country)	07.0			What test confirmed diagnosis?	Was there an a	utopsy?	
MOTHER	15. MAIOEN NAME E11				23. If deeth was due to external causes			
2	16. BIRTHPLACE (city or to (State or country)	wn)	M.Q.		Accident, suicide, or homicide?	Date of injury	, 19	
17. INFORMANT James E. Flohr (Address) Taneytown . Md.					Specify whether Injury occurred In IN	(Specify city or town, county and State 10USTRY, in HOME, or in PUBLIC PL/	ACE.	
18. I	Burial, cremation, or R Lutiberan Tan	EMOVAL			Manner of Injury			
19. UNDERTAKER C.O.FUSS & SON (Address) Tanevtown Md.					24. Was disease or injury in any way if so, specify		w	
20.	FILED March 16,	and of	I mi ms	chring Registrar.	(Signed) (Address)	19 enner	- M.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	į į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis P E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	11-11-11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	RD. Every item of infor-	YSICIANS should state	statement of OCCUPA-	
FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	certificate.
AKGIN KESEKVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	ee instructions on back of
	WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in plair	TION is very important. See instructions on back of certificate.

	STATE O	F MAR	YLAND-	CER'	TIFICATE OF DEATH	02	771
1. PLACE OF					wra.		
County Car	roll		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Registration Dist. N	o	, 0
Village or City_	Taneytown			No.	urred in a hospital or institution, give its NAME instead	St.,	Ward
Length of residen	ce in city or town where de	eath occurred	yrsmos	d	is. How long in U.S. if of foreign birth?y	Smos	sds.
2. FULL NAME	Mrs. Marth	a A.Fri	nger				
(a) Residence:	No			St.,	Ward.		
PERSONAL	AND STATISTIC	(Usual place		1	If nonresident give city MEDICAL CERTIFICATE OF		State
	COLOR OR RACE		RIED, WIDOWED,	21 DA	TE OF DEATH	JEATH	
F	W	or Divorcer	(write the word)		March 13th	ay)	, 193.7 (Year)
	coolas a.rr			22. Mar.	Thereby Certify, That 7th 1937 to March		
6. DATE OF BIRTH (mor	nth, day, and year) Feb	.27,184	9	I last sa	wh er allve on March 13th		; death is said
7. AGE Years	Months	Days	If LESS than		occurred on the date stated above, at 11.15A	•	
89		14	ormin.	were es	INCIPAL CAUSE OF DEATH and related causes of imps follows:	ortance	Oate of opent
9. Industry or busi	ne, as SILK MILL, BANK, etc			Bro	nchopneumonia		3/7/37
	on (month and	11. Total ti spen occu	me (years) nt in this pation	Other C	Contributory Causes of importance:		
12. BIRTHPLACE (city or (State or country	,			-			
13. NAME Dan	iel Rudolp	b					
13. NAME Dan 14. BIRTHPLACE (ci	ty or town)	Md.		Name o	f operation	Date of	
1 (State of con				What te	st confirmed diagnosis?\	Wes there an ar	utopsy? No
I	Anna M. Hah ty or town)			Acciden	oth was due to external causes (VIOLENCE) fill in also it, suicide, or homicide? Date of did injury occur?		
17. INFORMANT S. (Address)	Augustus W	inget ne,Pa.			(Specify city or town, c whether injury occurred In INOUSTRY, in HOME, or	n PUBLIC PLA	e) ICE,
18. Burial, CREMATION	, or REMOVAL Wn Luthers	n _{Date} Mar	.16 ,1937	1	of injury of injury		
19. UNOERTAKER(Address) 20. FILED March	C.O. FUSS & Tan e 16, 1937 Ethu	SONn, M	de hug Register.	24. Was	disease or injury in any way related to occupation of pecify (Address) Taney town, Md.	deceased? N	O

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 2 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Oll A 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. N. B.-WRU

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02772
1. PLACE OF DEATH	
County	Registration Dist. No.
Village or City Reyman	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residenca in city or tout where leath occurred wrs	ds. How long In U.S. if of foralgn birth?mosds.
2. FULL NAME Robert M. Hal	7
(a) Residence: No. Keyman	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR PLACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (wrighthe word)	Menely 30 1937
5a. If married, widowed, or divorced?	(Month) (Day) (Year)
HUSBAND of Cor WIFE of Alice P. Fact	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) While 10, 1858	I last saw in Carry and 19 death is said
6. DATE OF BIRTH (month, day, and year) CAPACE 10, 000 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Z-4-1-1. m.
M J 11 0 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, RUSSES, SAWYER, BOOKKEEPER, etc.	Fraction 1 Seel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc Lindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	
work was done, as SILK MILL, Mull Carrier SAW MILL, BANK, atc. 10. Date deceased last worked at	a railroad and automobile collision.
O 10. Date deceased last worked at this occupation (month and year) op/apation	Stonek, at a railroad erosing a Cursof
year) Uy parion	Other Contributory Causes of Importance:
I2. BIRTHPLACE (city or town) (State or country)	Struck of rentron
	-lugue (
13. NAME Jamel M. Janel 14. BIRTHPLACE (city or town) M. Janeylown	
14. BIRTHPLACE (city or town) M. American (State or country)	Name of operation
	What test confirmad diagnosis? Was thera an aulopsy?
15. MAIDEN NAME (Sabella Jack	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Where did injury occur? I was any Curroll Cu. True
ne - Kilast make ou	Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT / CANADA TO CONTROL TO CONTROL (Address)	OX Seed a coal Coal And And
18. BURIAL, CREMOTION, OR REMOVAL	Mannar of injury trues by A (Ending .
Placa Omey Creek Date april 1937	Nature of injury Frank Millel Quelevill in men
10 HADERTAVED TO TELEVISION (24. Was disaase or injury in any way ralated to occupation of deceased? 206.
19. UNDERTAKER CANDEN TOWN ALLO	If so, spacify
20 EURO Mars 31 1037 Mil 1861 1 1 1 1 100	(Signed) Island Neller M.D.
20. FILED Mars. 21., 1921 Marsh Marsh Box Sulles. Registrar.	(Addrass) DECTOR MU

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
APR 7 1957					
Other contributory causes of importance: 5.		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND	-CERTIFICATE OF DEATH 12773
1. PLACE OF DEATH	1150 80
County Carroll of my for	Registration Dist. No.
Village or City Outside Church	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Ors	mosds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME JOSONILA VICE	M. Comments of the comments of
(a) Residence: No.	St., Ward. If nonresident give city or town and Shale
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH ON A
Male while without	(month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Hyranik Freman	e 22. Mar 19 CERTIFY, That I attended deceased from 1937, to Mar 24, 1937
(INI 31 185	1 last saw hours alive on Ther 23 ,1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	
84 6 23 I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work dohe, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Influenza 3-17-3
SAW MILL, BANK, etc	Bloncho Falumonia - 3-19-3
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Carroll Co.	Other Contributory Causes of importance:
(State or country)	
13. NAME Perry green	<u> </u>
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis living Fundings there an europsy? The
(State of country)	
15. MAIDEN NAME IMPROVING	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Lewis Trees	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Jany Creek en Date Var 26, 19	
19. UNDERTAKER STANDING SOM	24. Was disease or injury In any way releted to occupation of deceased?
20. FILED Mark JK, 19 Eroe & Brudul	(Signed) Jan J. M. M.
	strar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	1921 Run over by street car	1 week ago 3 days ago	
Cerebral hemorrhage	July 5,1927	Peritonitis		
APR 7 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Name of the second seco		

BINDING	INK THIS IS A DERMANE
)R]	AP
FOR	U
ARGIN RESERVED	PIHT.
H S E E	INI
IN R	PH HARADING
ARC	INE
	TIL

AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAIN

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 022	774
1. PLACE OF DEATH	100	V Z
County Carroll	Registration Dist. No.	
Village or City Westmins ter		104
valage or city (V Contribute (U)	NoSt., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Langth of residance in city or town where death occurred 2.5.yrs	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Oliver Benjon Droft	If U. S. Veteran, specify WAR	
(a) Residence: No. 2.3	St., Ward. If nonresident give city or town and State	ie
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 , 19:	3.7
5a. If married, widowed, or divorced	(month) (bay)	(Jeal)
(or) WIFE of Surean Com Butter	22. HEREBY CERTIFY. That t attended dece	1937
6. DATE OF BIRTH (month, dey, and year) may 15-184>	t last saw h. ly alive on Ware 20 1937; da	eath is seld
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stated above, et 1125 Pm.	
89 10 10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:	
8 Trade projession or particular	Da Da	ate of enset
kind of work done, as SPINNER, home		
9. Industry or business In which	To or memoria 3	X15/37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaasad last worked at this occupation (month end year) year) 11. Total tima (yaers) spent in this occupation		
year) occupation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town)		
(State or country)		~~~~~
13. NAME has shown		
13. NAME ho known	Neme of operation Dete of	
(State of country)	Whet test confirmed diagnosis?	psy?
15. MAIDEN NAME Chyabeth Spencer 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill in elso the following:	
0 16, BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury	., 19
(Stete or country)	Whera did injury occur?(Specify city or town, county and State)	
17. INFORMANT PROPERTY (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	,
18. BURIAL CREMATION, OR REMOVAL 15 cm.	Menner of Injury	
Plece Meadow Branch Date mar. 23, 1937	Nature of Injury	
19. UNDERTAKER ABankard & Son	24) Was disease or Injury In any way related to occupation of deceased?	w
(Address) (for Immster, In de	If so, specify	
20. FILED 23, 19 7 May 18	(Signed)	(
Registrar.	(Address) (U) Estate estate, Use , Use	. Marie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
S. Mache Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE	OF DEATH
--------------------	-------------	----------

02775

CountyCarr			lored Bra	nen	(23)	Registration Dist. No.	74
Village or City_	Henryton,	Maryla	nd	No. (ahovel		
Length of residence	e in city or town where	death occurred	O yrs 6 mos	27_ds.	How long in U.S. If	of foreign birth?yrs	t and number)
2. FULL NAME	Marion A	lethia	Gross		_If U. S. Veteran	, specify WARNone	
(a) Residence:	No. Olive	t, Calv	ert Co., M	ld •st.,	Ward.	If nonresident give city or tow	vn and State
PERSONAL	AND STATIST	ICAL PART	ICULARS		MEDICAL C	ERTIFICATE OF DEA	ТН
	Color or RACE		RRIED, WIDOWED, D (write the word)	21. DATE	of DEATH	ch 14 (Day)	, 193
a. If merried, widowed, on HUSBAND of (or) WIFE of	ohnson Gr	000		22.	IHEREB	Y CERTIFY, That I att	
						,19 36, 6 March 14 March 14	
S. DATE OF BIRTH (mon	th, dey, and year) A	pril 18	, 1911 If LESS than			ted above, e10:30am.)_≌_(_; deeth is said
25	10	26	I day,hrs.	The PRINCI	PAL CAUSE OF DEA	ATH and releted causes of importance	e Date of onset
8 Trade, profession kind of work	, or particular done, es SPINNER, DKKEEPER, etc	Domesti	c	Pul	monary '	luberculosis	
kind of work SAWYER, BO 9. Industry or busing work wes do SAW MILL, B 10. Date decessed le	ness In which	unknown					Dec. 1935
10. Date decessed le this occupetion veer)	st worked et	11. Totai	time (years) ent in this Unknown	wn			Tagg
12. BIRTHPLACE (city or (Stete or country)	town) Prince		400		ibutory Causes of im	portance:	
13. NAME	Joseph Sm	ith				***************************************	
14. BIRTHPLACE (cit	y or town) Hunt ntry) Mary	ingtown land	.9 4:2 9			De Was the	
15. MAIDEN NAME	Carolin	e Kent				euses (VIOLENCE) fill in elso the fo	
15. MAIDEN NAME 16. BIRTHPLACE (cit (State or cou	y or town) Hunt	ingtown	9*****		icide, or homicide?		
17. INFORMANT Re	uben Hoff nryton, Md	man		Specify whe	ther injury occurred	(Specify city or town, county a in INDUSTRY, In HOME, or in PUB	
18. BURIAL, CREMATION	OR REMOVAL	1	wh/2,1932		njury	7 dag dag dag	
19. UNDERTAKER (Address)	Telson &	derick "	mo n	24. Was disea	ase or Injury In eny	way related to occupation of deceas	ed? NO
20. FILED 3/14/3	57, 19 albe	ert RX	wastehan		(Address) Hen		M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 6. S. No. 1.

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Company becoming the Company of the	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state D. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

	3 1 7				CERTIFICATE OF DEATH 02	2776
V	ACE OF DEAT		mai		and Branch 23	
	ounty Carrol		7f=7 -		Registration Dist. No. 1/45	
	illage or City He			(19	No. (above) St., death occurred in a hospital or institution, give its NAME instead of street and	number)
La	angth of residance In cit	ty or town where o	death occurred	O yrs 2 mos		osds
	JLL NAME M				If U. S. Veteran, specify WARNone	
(8	a) Residence: No	1809 E.	Eager	St., Balt	O.St, Md. Ward. If nonresident give city or town and	J C
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX F e		R OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 11	, 193 ⁷ 7
HUS	rried, widowed, or divo BAND of WIFE of	rced			22. I HEREBY CERTIFY, That I attended	
6. DATE	OF BIRTH (month, day	and year) M	av 12.	1912	Hast saw h.er. alive on March 11 19 37	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date statad above, at 4.00 nP. M.	
	24	9	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Z 8. 1	rade, profassion, or pa kind of work dona, SAWYER, BOOKKEE	articular as SPINNER,	Domest	ว้าย	Pulmonary Tuberculosis	-
OCCUPATION	ndustry or business In	which	20.11000			June
CUP	work was done, as S SAW MILL, BANK, a	tc	Unknow			1936
0 10.1	Date daceased last wor this occupation (mor yaar)	ked at nth and Timbers	11. Total	tima (yaars) ent in this Unkno upation - Unkno	w.m	
	HPLACE (city or town)	Littl			Other Cantributery Causes of Importance:	
~	AME		l Harri			
	BIRTHPLACE (city or to (State or country)	wn) Littl			Name of operation Date of Date of What test confirmed diagnosis? Was there an	autopsy?No
ш 15. N	MAIDEN NAME	Ammie	Blackw	ell	23. If death was due to external causes (VIOLENCE) fill in also the followin	
16. B	BIRTHPLACE (city or to (State or country)	wn) Littl North	eton Caroli	na	Accident, sulcida, or homicide? Date of Injury Where did Injury occur?	,
	RMANT Reube: Addrass) Henry				(Specify city or town, county and Sta Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL ———	te) .ACE.
18, BURIA	AL, CREMATION, OR R	livert	Date M.	er ch/6,1937	Manner of Injury	
	Address) 139(ents.	Dong	thes	If so, spacify	NO
20, FILED)9/_44/_9/,	19.C. C. Cola	eput v T	OCA Registrar.	(Address) Henryton, Maryland.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		12	

-WRITE PLA

V. S. No. 1 B ż

AD. Every item of infor-

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

	(1 S	TATE OF	MAR	YLAND-	CERTIFICA	IF OF DEV	ATH 02	777
1	L PLACE OF DEA	тн	Maryla		culosis San		30	
	County Cari	roll		Colored	d Branch @3	Registration	n Dist. No. 74	
	Village or City	Henryto	on, Ma		No		St.,	Ward
	Length of residence in ci	ty or town where deel	th occurred.	O vrs 5 mos.	death occurred in a hospital	or institution, give its NAN U.S. If of foreign birth?	VIE instead of street and s	number) osds.
		Cecelia H				eteran, specify WAR	None	
•				Balto. 1	Id St., Ward.	eteran, specify wan.		
******	(a) Residence. NoS		(Usual place	of abode)			nt give city or town and	State
	PERSONAL AN					AL CERTIFICAT	E OF DEATH	
		Lored 5		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEA	March (Month)	5,	, 193.7 (Yeer)
5a.	. If married, widowed, or divo HUSBAND of	rced			22. IHER	EBY CERTIF	EV That I attended	deceased from
	(or) WIFE of					16, 19.30, to 11		1937
6.	DATE OF BIRTH (month, day	v. end vear)	142	1919	I lest saw h er eliv	e on March 5	, 1937	_; death is said
	AGE Yeers	Months	Deys	If LESS then	to heve occurred on the d	dete stated above, et 12	:40mP.M.	
	17	8	3	1 day,hrs.	The PRINCIPAL CAUSE (OF DEATH and releted cer		Date of onset
N	8. Trede, profession, or pa	articuler es SPINNER.	nestia		Pul	monary Tub	erculosis	-
OCCUPATION		es SPINNER, Don PER, etc.						June
:UP	9. Industry or business in work wes done, as 3 SAW MILL, BANK,	SILK MILL, Unkr	lown					1936
000	Dete deceased last wor this occupation (mo	nth and -	11. Total	time (years) ent in this upation Joknow				1.000
_	year)	OTENTOWL		upation////////////////////////////////////	Other Coutributory Cause	≠ of Importance:		
12	. BIRTHPLACE (city or town)	Baltin Maryla						
œ	(State or country) 13. NAME	John I						
FATHER		Monfol			#			-
FA	14. BIRTHPLACE (city or to (State or country)	Virgin			Neme of operation	nosis?	Was there en a	utopsy? No
ER	15. MAIDEN NAME	Flossi	e Thor	npson		ternal ceuses (VIOLENCE)		
MOTHER	16. BIRTHPLACE (city or to	wn) Baltin	ore		Accident, suicide, or hom	iicide?	Date of Injury	, 19
Σ	(State or country)	Maryla			Where did Injury occur?_	(Specify city	or town, county and Stat	te)
17	(Address)	Reuber Henryt		nan, M.D. aryland	Specify whether Injury oc	courred In INDUSTRY, In I	HOME, or In PUBLIC PL	ACE.
18	Plece_ML_CA	removal	Date_Mar	8 ,1937	Menner of Injury Neture of Injury	60 60 60 60		
19). UNDERTAKER ALAAMA (Address) 103	you En	elson	11		In any wey releted to occu	upation of deceesed?	No
20). FILED 3/5/37	19 alber	t R	hvankkan.	(Signed) (Address)	Henrytod,	Maryland	M. (

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V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County	Registration Dist. No.
Village or City New Windson	NoSt.,Ward
Length of residence in city or town where seath occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
Naly dans	, 1103103.
2. FULL NAME OFOST	
(a) Residence: No. (Usua place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX SOLOR OR RACE S. SINGLE, MARRIED, WIDOWED	. 21. DATE OF DEATH
OR DIVORCED (write the word	(Month) (Day) (Year)
a. If married, widowed or divorced	(Month) (Day) (Teat)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
044.404.	3-2/,1037,103-2/-,1937
S. DATE OF BIRTH (month, day, and year)	37 last saw h 1 alive on Still born 3-24, 1937; death is said
7. AGE Years Months Days If LESS that 1 day,	
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A-A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
9. Industry or business In which work was done, as SILK MILL, - SAW MILL, BANK, etc	JAM HU
10. Date deceased last worked at this occupation (month and	
year) foczupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	V out our surround of importance.
(State or country)	
13. NAME A SULLA CONTROL OF SULLA CONTRO	<u> </u>
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or fourther)	23. It death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT A Tarrel Nogh of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR DEMOVAL	4
Place Hard Creek Conse May 2/9	Majner of injury
	Nature of injury
19. UNDERTAKEN OF THE STATE OF	4) Was disease or injury in any way related to occupation of deceased?
The way	(Signed) D. N. Liggy M.
20. FILED, 19	and the second

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Cerebral hemorrhage UREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			4

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ī

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE, PLATALLY, WITH UNFADING INK—THIS IS A PERMANENT RECOLD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYL 1. PLACE OF DEATH —	_AND—	CERTIFICATE OF DEATH 027	79
County Carrall		Registration Dist. No. 74	
Village or City Sy Reswells	(lf	Northering feels that Augstalia death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where deeth occurred	yrs mos	ds. How long in U.S. II of foreign birth?yrsmos	ds.
2. FULL NAME Marche &.	Valm	Ls If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of ab	oode)	St., Ward. Susawell ?. If nonresident give city or town and State	W.
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (w	rite tha word)	21. DATE OF DEATH (Month) (Dey) (Y	7 (eer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cashessan Adalas	es.	22. I HEREBY CERTIFY. Thet I ettended deceased for the state of the st	ed from
6. DATE OF BIRTH (month, day, end yeer) Nov - 5, /89	12	I lost sew h. L. elive on Rec 20 , 19 37; death	h is said
	If LESS then day,hrs.	to heve occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	ofonset
8. Treda, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Deta decessal lest worked at this occurrent in (month end second in sec		Tuberculous of the sugs	90
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.			
10. Deta deceesad lest worked at this occupetion (month end yeer) occupation	years) this		
12. BIRTHPLACE (city or town) Lakases (Stete or country) Percentage Conse	···	Other Coutributory Causes of Importanca:	
13. NAME Robert Keller			
14. BIRTHPLACE (city or town) Luckers are (Stets or country) Range and	•	Neme of operation Date of Whet test confirmed diegnosis? Wes there en eutopsy	, the
15. MAIDEN NAME Cara Melyers 16. BIRTHPLACE (city or town) (State or country)	<i>/-2</i> , .	23. If deeth wes dua to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	1
17. INFORMANT Harbital Carlo (Address) La Riscalle M	de.	Where did Injury occur?(Specify city or town, county and State) Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Plece Knox ville md Dete apr 2	,1937	Menner of Injury	
19. UNDERTAKER C. IV. Aute & Some (Address) Brunsmik M.	L	24. Wes disease or injury in any way releted to occupation of deceased?	
20. FILED Mar 31, 1937 O Harry M.	Registrar.	(Signed) Rand My News Mad	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributery causes of importance		Other contributory courses of improved	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	The state of the s
County Carroll	Registration Dist. No.
Village of City Wastmunster P. D. # 6	
Length of residence In city or town where death occurredyrsm	osds. How long in U.S. If of foreign birth?yrsyrsds.
2. FULL NAME Louise M. Hook.	
(a) Residence: No. Supley (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temale Musue M. COLOR OR RACE Married Widoward	21. DATE OF DEATH Such 28 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (real)
(or) WIFE of David D. Hook.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 1, 1876.	i last sew h & F alive on Mar. 28 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:501cm.
60 6 27 I day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and separation the second in this second in this second in this second in this second in the second in th	Caremona of males
9. Industry or business in which work was done, as SILK MILL,	" by lives
SAW MILL, BANK, etc.	- Probably primary Careinoma of return
11. Total time (years) this occupation (month and year)	Duration not stated. Center
12. BIRTHPLACE (city or town) Carroll Co (State or country) md	Other Contributory Causes of importanca:
II 13. NAME Tulliam . Dakee	2
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) M. A. C.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Co. Shipley 16. BIRTHPLACE (city or town) Laurell & Co.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Carroll & Co	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT M. David D. Hogele. (Address) RD #6 Wartman du Md.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR-REMOVAL Place See Vanc Cemby Dato Munch 31, 1939	Manner of Injury
/ ma 94. 04	** Nature of Injury
19. UNDERTAKER (Address) Jean Phalet Md.	If so, specify
20. FILED. 19 Registrar	(Signed) .M. D. (Address) .M. D
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LUNGALI V. S.	è		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-D. Every item of infor-UNFADING INK-THIS IS A PERMANENT REC RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

V. S. No. 1

STATE (OF MARYLAND—	CERTIFICATE OF DEATH	2781
1. PLACE OF DEATH	1 -		41
County and	9	Registration Dist. No.	74
Village or City Och Con 1	elle- Sprin	No. State St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence In city or town where	deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?	nosds.
2. FULL NAME VILLE	m House hor	of U. S. Veteran, specify WAR	
(a) Residence: No.	estour ma	LSt., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town an	d State
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
mu	OR DiVORCED (write the word)	(Month) (Day)	., 193 (Year)
ie. If merried, widowed, or divorced HUSBAND of (or) WIFE of		220 I HEREBY CERTIFY, That I attended	deceesed from
word C	Bat 10 1051	195 to Mar	7 190
DATE OF BIRTH (month, day, end year)	11-1801	Vlest sew Prelive on 190	/=; deeth is sald
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date steted above, a	
1 * Frade profession or postinular	ormin.	were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER SAWYER, BODKKEEPER, etc.	igur-maker	articol symplo-gimenal	19d.
kind of work done, es SPINNER SAWYER, BODKKEPER, etc industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc 10. Date decessed last worked as	an factory	mascus arg sour word	1750
1D. Date decessed last worked at this occupation (month end / g/o	7. Total time (years) spent in this 3042	J	
12. BIRTHPLACE (city or town)	mk,	Other Contributory Causes of importance:	1930
(State or country)	yound	thischools- denile	1935
13. NAME (14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)(State or country)	M	Neme of operation Dete of What test confirmed diagnosis	au opsy2
15. MAIDEN NAME LUNK		23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	M	Accident, sulcide, or homicide? Date of injury	, 19
17. INFORMANT PRESENTAL	Records	Where did injury occur? (Specify city or town, county and Si Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ale) LACE
18. BURIAL, CREMATION OR REMOVE MA	E, Date Mar. 3, 1987	Manner of Injury	
19. UNDERTAKER A. J.C. Co (Address) A agus	four med.	24. Wes disease or injury in any wey related to occupation of deceesed?	no
20. FILED Mar. 1, 1937 Q	Harry Heel Registrar.	(Signed) M. Dirama Beyla (Address) Sufferille Wardand	М. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis CEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 5 1937			
Other contributory causes of importance:	ا	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PLA

V. S. No. 1

	-WRITE PLATELY, WITH UNFADING INA-THIS IS A PERMANENT RECECD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of certificate.
A STATE OF THE PARTY AND ASSESSMENT OF THE PARTY OF THE P	-WRITE PLANEY, WITH UNFADING	mation should be carefully supplied. AG	CAUSE OF DEATH in plain terms, so the	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County	120
County Canaca.	Registration Dist. No.
	NoSt., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 34 yrs	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Junou Busque Outside (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thate Observed.	21. DATE OF DEATH Much 28 193 7 (Month) (Day) (Year)
5a. If merciad, widowed, or diversed HUSBAND of Cute Chame' M. Howard.	22. I HEREBY CERTIFY, That I attended deceased from 3-26, 193), to 3-26, 193)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if LESS than I day,hrs.	I last saw h elive on, 19.3 7; death is said to have occurred on the date stated above, et 2 300 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Statoreu.	Verebrol Hemorrhoy
work was done es SILK MILL, SAW MILL, BANK MILL, BANK MILL, BANK etc. 10. Dato deceased last worked at this occupation (month end 3/16/37. 11. Total time (years) spent in this occupation for the spent in the	with convulsions days
12. BIRTHPLACE (city or town) Fredunce Co (State or country) Md	Other Contributory Causes of importance:
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) Mulmum 14. City or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT M. Drongs H. Howard. (Address)	23. If death wes due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVEL Place Pld: Sur Centy Date March 31, 137.	Manner of Injury
19. UNDERTAKER 6-M. Halfz. (Address) Many Selst Mg.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED MAN. 30, 1937 Fichuga Registrar.	(Signed) O. N. Legg M. D. (Address) Lluig Produ

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	Jo	plu	000
	item	sho	of C
	D. Every	YSICIANS	statement
	RECO	Y. PH	Exact
INDING	SRMANENT	EXACTL	classified.
FOR E	IS A PI	stated 1	properly
ARGIN RESERVED FOR BINDING	WITH UNFADING INK-TIIIS IS A PERMANENT RECALD. Every item of	fully supplied. AGE should be stated EXACTLY. PHYSICIANS should	1 plain terms, so that it may be properly classified. Exact statement of OCC
	VITE	fully	pla i

V. S. No. 1

B

certificate. Jo See instructions on back important. CAUSE OF DEATH Very plnods TION is

STATE OF MARYLAND-CERTIFICATE OF DEATH DEATH County Carral Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 3 mos. 27 ds. How long In U. S. if of foreign birth?____ If U. S. Veteran Specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) lackage (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) 65 7. AGE Years Months Devs If LESS than to have occurred on the date steted above, 1 dey,....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. Date of onset 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Dete deceesed last worked at this occupation (month end spent in this occupation __ f2. BIRTHPLACE (city or lown (State or country) FATHER Name of operation (State or country) What test confirmed diegnosis? Wes there an eutopsy?__ 15. MAIDEN NAME 23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?..... Dete of injury......

MOTHER 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) CREMATION, OR REMOVA

Registrar.

Menner of injury Neture of Injury.

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

24. Was diseese or injury in any way releted to occupation of if so, specify

(Address)

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did Injury occur?...

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02784
1. PLACE OF DEATH	940
County Carrolly	Registration Dist. No. $\frac{2}{2}$,
Village or City Letuer Run	No. St, Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tohn M. Alux	nbert
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mary (Bankert) Humber	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Opril - 6-1963	, 19, to, 19, 19 I last saw h elive on
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 4:30 P.m.
73 // 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	angua Pectoris Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month end	
work wes done, es SILK MILL, Own Marm	
10. Dato deceased last worked et 11. Total time (years)	
this occupation (month end year) James of Alath occupation is 5 %	,, , , , , , , , , , , , , , , , , , ,
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Michael Humbert	
13. NAME / Chall Humbert 14. BIRTHPLACE (city or town) / Javelland	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an au opsy?
I 15. MAIDEN NAME Jarah Frith	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Jack Smith	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Westminster mg RA.	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Model 9 37	Manner of injury
Place Sexual Aung Date March 9, 1931	Nature of injury
19. UNDERTAKER 9 6 1/0 Sittle & Son	24. Was disease or Injury in any way related to occupation of deceased?
(Addiess) Settlestone, P.H. Pey. R. A.L.	If so, specify 1
20. FILED 3/7/ 1936 Caloring Banker 8. Registrar.	(Signey Frank Hangan Coroser M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
7.366				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1

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OF DEATH

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REC

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Carry Registration Dist. No Village or City ____ (If death occurred in a hospital or institution, give its NAME instead of street and pumber) How long in U.S. IL of foreign birth? If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) . 193 (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of Mukus 22. C ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTII (month, day, end yeer) Months Days If LESS than to heve occurred on the date steted shove, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance or____min. Dete of onset 8. Trede, profession, or perticular 1-23-3 PATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ 10 Dete deceesed last worked et 11. Total time (yeers) this occupation (month end yeer) _____ occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diegnosis? Wes there en autopsy? 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Coccident. Date of Injury Feb. 2321, 1937.

MOTHER 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL

Registrar.

Where did injury occur? Systemalls, Canadl County, Manylande
(Specify city ar town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury - Ocecedental

Nature of Injury Fracture 24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ADR 198	July 5,1927	Peritonitis	3 days ago
BILDEAU V. S.	Y 2		
Other contributory causes of importance:	- (n	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAMLY, WITH UNFADING INK—THIS IS A PERMANENT REC ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STAT	E OF MARYLAN	ND-C	CERTIFICATE OF DEATH	02786
County Carroll			Registration Dist. No. 7	1/4
4	Ksburg		No. St.	War
		(If d	eath occurred in a hospital or institution, give its NAME instead of street a	nd number)
Length of residence in city or town	where death occurred	mos	ds. How long in U.S. If of foreign birth?yrs	mosd
2. FULL NAME Mars	garet Rebec	cal	Lenly U. S. Veteran, specify WAR	
(a) Residence: No.			St., Ward.	
	(Usual place of abode)		If nonresident give city or town	
	TISTICAL PARTICULAR		MEDICAL CERTIFICATE OF DEATH	1
SEX 4. COLOR OR RA	S. SINGLE, MARRIED, WIDO OR DIVORCED (write the	e word)	21. DATE OF DEATH Month (Day)	, 193 / (Year)
If married, widowed, or divorced HUSBAND of	- / /			
(or) WIFE of alfred	E. Teener		22. HEREBY CERTIFY, That I attend	ded decrased fro
0=00	1	257	I last saw help alive on Dearly 1875 193	> : death is sa
DATE OF BIRTH (month, day, and year AGE Years Mor		SS than	to have occurred on the date stated above, at 2 - Pri-m.	, death is so
79 9	7 3 1 day,	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	Or	min.	wera as follows:	Date of ons
8. Trade, profession, or particular kind of work dona, as SPINN SAWYER, BOOKKEEPER, atc	ER, housewife		Mus Dilleten of X	Jing
9. Industry or business in which	U		the second secon	7-4-6
work was dona, as SILK MILL SAW MILL, BANK, etc			^	
ting occupation (month and	11. Total time (years) spent in this			
year) ————————————————————————————————————	occupation		Other Contributory Causes of importance:	1 200
2. BIRTHPLACE (city or town)	vislown		Juftensmoter Vent	, 1402
(Stata or country) Fred	erick County,	nd.		
14. BIRTHPLACE (city or town)	an Dowers			
14. BIRTHPLACE (city or town)	6 d		Name of operation Date of	of
(Stata or country)	redereck County	,	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Julia	ann ambros	10	23. If death was due to external causes (VIOL ENCE) fill in also the follo-	
15. MAIDEN NAME Julia 16. BIRTHPLACE (citt or town) (State or country)	1.1 60 7	7,	Accident, suicide, or homicide? Data of injury	
(State of Country)	edericis County.	and.	Whera did injury occur? (Specify city or town, county and	State)
INFORMANT_FRAME	is P. Deenly		Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC	PLACE,
(Address) J. M. S. BURIAL, CREMATION, OR REMOVAL	ourg, made		Manner of Injury	***********
Place Finksburg	Cem Date March 13	., 19.3.7.	Nature of injury	
9. UNDERTAKER H.Ban	hard & Son		24. Was disease or injury in any way related to occupation of deceased?	2
(Address) West	myster, m	a. 1	If so, specify	
10. FILED 5/12 195/	Shooding	egistrar.	(Signed) J. Janes J. Mer. M. (Address) P. J.	M.
	If more blanks are needed, address State	e Registrar.	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
death and related cause follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
APP 6 1937	1915	Attack of epilepsy	1 week ago
tis	1921	Run over by street car	1 week ago
BUREAU V.	S July 5,1927	Peritonitis	3 days ago
ses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	death and related cause follows: APR 6 1937 tis	death and related causes Date of onset follows: APP 6 1937 1915 tis 1921 July 5,1927 sees of importance:	death and related causes Date of onset The principal cause of death and related causes of importance were as follows: Appl 6 1937

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAVSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

(1)	5)	BATE .	0	7
U	0	6	0	6

1. PLACE OF DEATH		(83)	
County Carroll		Registration Dist. No	74
Village or City. Sykesyil	le (li	NoSpringfield State Hospitel f death occurred in a horpital or institution, give its NAME instead of street and s. 10 ds. How long in U.S. if of foreign birth?	Ward I number)
2. FULL NAME Frank Jo		If U. S. Veteran, specify WAR Spanish A	
	Broadway, Balti		
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH March 10th, 1937 (Month) (Day)	, 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Unknown	Widowed	22. I HEREBY CERTIFY, That I attanded May 30, 1935, 19 to March 10th	19.37
6. DATE OF BIRTH (month, day, and year)	tober, 1874.	lest saw him alive on March 10th, 1937	; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. Unknown ormin.	to have occurred on the data stated above, at LOUP	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, I SAWYER, BDDKKEEPER, etc	resser	General Paralysis of the	About
kind of work done, as SPINNER, I SAWYER, BDDKKEEPER, etc	TODBOT	Insane.	1929
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	resser		
10. Date daceasad last worked at this occupation (month and year)	II. Total tima (years) spent in this occupation Unkno	Tan .	
		Other Contributory Causes of importance:	- 1 - 1 - 6
12. BIRTHPLACE (city or town) Unknown (State or country) Maryla	m and	-	
13. NAME John Koska			
14. BIRTHPLACE (city or town)Both	remia	Name of operation None pate of Physical Republic	borator
15. MAIDEN NAME Catherine	e Ticall	23. If death was due to external causas (VIDLENCE) fill in also the following	ng:
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town)Bol (State or country)	ie mia	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Springfield (Address Sykesville,	St. Hospital (Re Maryland.	(Specify city or town, county and St	LACE.
18. BURIAL, CREMATION, DR. REMOVAL	Un Date Mar 15, 19 37	Manner of injury	
19. UNDERTAKER John II. (Address)	llich md.	24. Was disease or injury in any way related to occupation of deceased?	10
20. FILED Mav. 10, 1937	Harry Heer Registrar.	(Signed) M. M. Mastys (Address Syrtusia Island	to fork

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotcl, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	A 18
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	v
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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N. B.-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(820)	
county and		Registration Dist. No.	4
Village or City Steys		No	Ward
Langth of residence in city or town wh		f death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	
Pm-	80 m -0-10, 1	eak.	Į.
2. FULL NAME	my accurate	er com	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 21	, 193. 7
5a. If married, widowad, or divorced	- Junga	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I atter	
6. DATE OF BIRTH (month, day, and yaar)	man 17,1875	I lest saw her alive on mees 2.0 19	3.7: death is said
7. AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, at 15.5 cm.	
72 0	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular	7	ware as follows.	Data of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Housework	art selected	7
9 Industry or business in which			
work was done, es SILK MILL, SAW MILL, BANK, atc		-	
SAW MILL, BANK, atc	11. Total time (years)		
this occupation (month end year)	occupation occupation	Other Contributory Causes of Japportanca:	
12. BIRTHPLACE (city or town)	0	levelual bemorbuse	melo
(Stata or country)	yland		193
13. NAME LEWIS A	Ekeklins		
13. NAME TO THE STATE OF THE ST		Name of operation	of
(State or country)	ercustand	Whet tast confirmed diagnosis? Was there	
15. MAIDEN NAME	1 Reph	23. If death was due to external causes (VIOLENCE) fill in also the follo	
		Accidant, suicida, or homicide? Date of Injury	
16. BIRTHPLACE (city or town)	nankani	Where did injury occur?	, 19
h	· Drele	(Specify city or town, county and	State)
17, INFORMANT	The state of the s	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	yonar	Manner of injury	
Place Beauty Das	su Date 3/23 1937		
62	201 0	Nature of Injury	ha
19. UNDERTAKER TOWALL X	allowing)	24. Was disease or injury in any way related to occupation of deceased	7. 20
(Addrass) Wood	and free	If so, spacify	
20. FILED/Ker, 22 , 1937 /	no. Thea D. Deller	(Signed) Jacobs (Nation	
	Registrar.	(Address) VELOW M	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 1981	July 5,1927	Peritonitis	1 week ago 3 days ago
BURLAU V. S.			
Other contributory causes of importance:	0.1-11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SE	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	CERTIFICATE OF DEATH 02789
1. PLACE OF DEATH	82.2
County Carrol	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Tvilliam Is ant	Tittle
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH MAT, 201, 193, 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) May - 5-1865	1 HEREBY CERTIFY. That I ettended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. AGE Yeers Months Days If LESS than 1 day,hrs. orhrs.	to heve occurred on the date stated above, et / OLDT / m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER Petries Farmer SAWYER, BOOKKEEPER, etc. Petries Farmer	Serebal aubolisis may
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the same in the same i	7987
10. Date deceased last worked at this occupation (month and year) - 4 a - 1 spent in this 3 3 occupation	
12. BIRTHPLACE (city or town)——Pluma.	Other Contributory Causes of Importance:
W 13. NAME David Tittle	
13. NAME Dand Jettle 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Obigail Colchouse 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
S (State or compley)	

18. BURIAL, CREMATION, OR REMOVAL

(Address) Registra

(State or country)

(Address)

19. UNDERTAKER

Menner of injury

(Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

24. Was diseese or injury In any way related to occupation of deceased? If so, specify (Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1 6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	SA	tate	rop	rtif
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	TH	q p	y b	k o
	K	hou	ma	bac
	Z	Es	it it	on
	NG	AG	tha	ions
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	LY,	cal	TH	port
	WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ION is very important. See instructions on back of certificate.
-	PL	onlo	FI	ery
TI W	E	sh	E 0	is
	RI	tion	ns	NO
	1	13	A	Ĕ

STATE OF MARYLAN	D—CERTIFICATE OF DEATH 02790
0	Paristation Dist No. 3/
County Carroll	Registration Dist. No.
Village or City Mustiniustu	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long In U.S. if of foreign birth?mos
2. FULL NAME Carrie Bulle M	iller
(a) Residence: No. 25 7V. 7Ma	in St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the v	ord)
Temale Mite widow	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 9 HEREBY CERTIFY, That I attended deceased fr
(or) WIFE of Francis W. Miller	mon 9 107 10 may 21 803
5. DATE OF BIRTH (month, day, and year) Christ. 10. 186	I last saw h. l. alive on Mar. 2/ 49 37 death is si
r. AGE Years Months Days If LESS	0740
72 11 11 11 day,	III S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Willia Selerana 2
9. Industry or business in which work was done, as SILK MILL,	6 79 1:01
SAW MILL, BANK, etc.	Gronary promoses 3/9
this occupation (month and spant in this	/ /-
year) occupation	Other Contributory Caused of importance:
12. BIRTHPLACE (city or town)	
× 1)
13. NAME Colicules to Matthews	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
11 : 16 :	What test confirmed diagnosis Was there an autopsy?
15. MAIDEN NAME Namet Cillgine	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Date of injury, 19
(State or country) many care	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Mrs. Golin D. Fuglar (Address) Westwinsley. Mr.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Misliminales Date Man 24.	9.37. Nature of injury
19. UNDERTAKER J. Francis Ruse (Address) Mentaginal May	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/22, 1977 / Chroody	(Signed) Muss M
Regi	egistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-	Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	- GEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1937	July 5,1927	Peritonitis	3 days ago	
	RUPEAU V. S.				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STA 1. PLACE OF DEATH	TE O	F MARY	LAND-	CERTIFICATE OF DEATH 027	91
County Carra	00			Registration Dist, Np. 7 7	4
Village or City	kesoc	./	(lf _yrs, <i>l_Q</i> mos	death occurred in a hospital or institution, give its NAME instead of street and numl ds. How long in U.S. if of foreign birth? yrs. mos.	ber)
2. FULL NAME (a) Residence: No.	dela	(Usual place of a	look	St., Ward. You seeing WAR. St., Ward. You seeing The Mad If nonvesident give city or town and State	4
PERSONAL AND S	TATISTIC	CAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF	RACE	5. SINGLE, MARRIE OR DIVORCED (D, WIDOWED, write the word)	21. DATE OF DEATH March 12 (Month) (Day)	3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	élliai	u Maa	re_	22. I HEREBY CERTIFY, That I attended dece fune 9, 1932, to Warch (2)	
6. DATE OF BIRTH (month, day, and	vear) ak	u. 17.	1854	I last saw hate alive on March 12 19.37; de	/
7. AGE Yeers 79	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the dete steted above, at 12.45 m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
8. Trede, profession, or perticu kind of work done, as Si SAWYER, BDOKKEEPER,	iar PINNER, etc	noise	,		te of onset
kind of work done, as SI SAWYER, BDOKKEEPER, 9. Industry or business in whit work was done, as SIŁK SAW MILL, BANK, etc	ch MILL.	-		Cerebral Samuelage o	-12-0
1D. Date decessed lest worked this occupetion (month e year)	et	11. Total time spent ii	n this		
12. BIRTHPLACE (city or town) (State or country)	Wa	vendon		Other Contributory Causes of importance:	
1 1 1	ean)	Carter			
13. NAME Clerkes 14. BIRTHPLACE (city or town) (State or country)	lele	receta	v	Name of operation Date of Was there an auto	11
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT	ley in	le ine Jarrents Virginis Raca	a edu	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	., 19
(Address) 18. BURIAL, CREMATION, OR REMO Place Dam	VAL L	Dete March	19.1977	Manner of Injury	
19. UNDERTAKER WAS (Address) 20. FILED Mar. 12. 19.	ocher	Eleh (hury	24. Was disease or Injury In any way related to occupation of deceased? If so, specify	M. D

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TEDDETICATION	OF TECH	1 010	T CACTTATAN	O TITITION OF THE O	101	T TY T DI CITIEN

V. S. No. 1

STATE (OF	MARYLA	ND-CERTIFICAT	E OF	DEATH
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1. PLACE OF DEATH	1	(83)	
County Carroll		Registration Diet. No	74
Village or City Angles	untle ma	death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city of town where de	oth occurred 3/ yrs. / mos.	ds. How long in U.S. if of foreign birth?yrs	nosds.
2. FULL NAME James	x xewters	If U. S. Veteran, specify WAR	
(a) Residence: No. 6-14-1	(Usual Accept about	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man. 20	, 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 & heutens	22. I HEREBY CERTIFY, That I attende Mar 27 195 to Mar 2	d deceased from
6. DATE OF BIRTH (month, day, end year)	1878		7 ; death Is said
7. AGE Years Months	Days 7 If LESS than	to have occurred on the date stated above, at 7.20m.	
69 9 Mor	20 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Lector	General Paresis	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1	Wannan finner	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Church		
Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this cccupation		
12. BIRTHPLACE (city or town)	1.	Other Contributory Causes of Importance:	100
(State or country)	2.5	Henralized arleno	0
13. NAME Come	henbins	Scheron	1
13. NAME 14. BIRTHPLACE (dity or town) (State or country)	prol	Name of operation Date of What test confirmed diegnosis lay Ex as Was there a	4.
15. MAIDEN NAME	a Kenny	23. If death was due to external causes (VIOLENCE) fill in also the follow	Ing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	hd/	Accident, suicide, or homicide? Date of injury	
State or country)		Where did Injury occur?(Specify city or town, county and S	itate)
17. INFORMANT / January	Rund	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL	Date Mar. 23, 1937	Manner of injury	
19. UNDERTAKER VIII. 4 WILL J. H. Y. (Address) Law VIII. 4	refel + love	24. Was diseese or injury in any way releted to occupation of deceased?	
20, FILED MEAN 20, 19 37 CM	Carry Heer Registrar.	(Signed) // // Master	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing U. S. No. 1.

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Example I	,3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state AD. Every item of infor-

stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

N. B.—WRITE PLAR

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-20
County Courty	Registration Dist. No. 75
Village or City M. Manchester	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary litz hickey	If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write tha word)	21. DATE OF DEATH War 3/
to Widowiel	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 1937 to Was 3 / 1937
200 25- 1855	Hast sow h alive on Larz 7, 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 430 A.m.
87 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	wara as follows: Oate of onset
kind of work dona, as SPINNER, A ONA SAWYER, BOOKKEEPER, atc	Chronic myoeardus
9. Industry or business in which work was done, as SILK MILL,	<i>Q</i>
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	Other Control of Contr
12. BIRTHPLACE (city or town)	Other Contributors Causes of Importance:
(Stata or country) Exellything, a	
13. NAME HUNRY WB-	
13. NAME ANY WELL - 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 72
15. MAIDEN NAME Margaret Coolly	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Disku Housek.	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Westmins Ver 1 (M)	Specify whether injury occurred in the service, in the man, of the section and the
18. BURIAL CREMATION, OR REMOVAL Place Ladar Inamen Date Phil (1937)	Mannar of Injury
19. UNDERTAKER Hankard from	24. Was disease or injury in any way related to occupation of decaased?
(Address) Watminster Md.	If so, specify
20. FILED May, 1 , 1937 mrs. Jr R. S. Denner	(Signed) Whestern M. D.
Registrar.	(Address) Manchesty Ma

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	I APR 6 1	37 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		<u> </u>		

ARGIN RESERVED FOR BINDING

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(83)
County Carvill	Registration Dist. No.
Village or City Sykerille, Maryland	No. Sprenglield State Hornital St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edgar Norris	If U. S. Veteran, specify WAR
(a) Residence: No. 24 M. Centler St. Cumberland,	Mard.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Wale 4. COLOR OR RACE OR DIVORCED (verice the word) 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (verice the word)	
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of CRO Sogan	22, I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Och. 9 - (1894?)	I last saw him elive on March 12 ,19.3.7; death is said
7. AGE Years Months Days If LÉSS tha	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The same of the sa
9. Industry or business in which	General Garesia 1925
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Oate deceesed last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town). Wylliam	Other Centributory Canses of importence:
(State or country)	Deserte of heart and he deserved
II 13. NAME John Works	Infartes free Maney 16 140/
13. NAME John W. Norris 14. BIRTHPLACE (city or town) - Unsharing	Neme of operation Date of
(State of country) YV and and	What test confirmed diagnosis?Q Was there an autopsy? Q Was there an autopsy? Q
15. MAIDEN NAME Catelle Baller	23. If death was due to externel causes (VIOLENOE) fill in also the following:
15. MAIDEN NAME Catelle' Baker 16. BIRTHPLACE (city or town) Usuksatura (State or country)	Accident, suicide, or homicide?Oate of injury19
17. INFORMANT Hagital Reends (Address) Salverille Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18 BURIAL, CREMITION OF REMOVAL MILE Date Mass 15, 195	Manner of Injury
19. UNDERTAKER Louis Steine Jun. (Address) Suscerville med.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Was 13, 1937 GHany Heer	/ (Signed) M. D. way and Beyon M. D.
Registrar	(Address) syklasistle, Md -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ADR 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
			LATERAL

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

	81	SIAIL	OF MAR	YLAND-	CERTIFICATE OF DEATH	2705
1	. PLACE OF D	EATH			93-0 Vol 2	
	County Car				Registration Dist. No. 7	4
	Village or City_	Sykesvill	.e		No Springfield State Hospital	Ward
		e in city or town where	_	7 yrs I mos	death occurred in a hospital or institution, give its NAME justeed of street and n	umber)
						sds.
2		Bernard			If U. S. Veteran, specify WAR	
	(a) Residence: I	No.907 Russ	(Usual place	of abode)	OPSt., Ward. If nonresident give city or tuwn and	State
		AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single					21. DATE OF DEATH March 31, 1937 (Month) (Oay)	, 193
Ба.	If married, widowed, o	r divorced			(Month) (Oay)	(Yeer)
	HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended of	pro prod
		Filtr	known		February 16 ,1910 to March 31	19. 37
	DATE OF BIRTH (mont	th, day, and yeer) Months	Deys	If LESS than	to have occurred on the dete stated above, at 8:55. 4. M.	; death is said
	63	months	Deys	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
	8. Trade, profession,	or perticular		ormin.	were as follows:	Date of onset
2	kind of work	done, as SPINNER CI	othing		Chronic Myocarditis	?
LA	9. Industry or busin work was don	ess in which				
2	SAW MILL, BA	ANN, 816	rimmer			
5	this occupation		spe	ime (years) nt in this upation		
			000	upation	Other Contributory Causes of Importance:	
12.	(State or country)	town) Maryl	and			
۲		nown			Generalized Arteriosclerosis	
-						
4	14. BIRTHPLACE (city (State or coun	y or town). Germa htry)	itty		Name of operation Oate of What test confirmed diagnosis Phys. Exam. Was there an a	************
2	15. MAIOEN NAME	Unknown				
					23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
Ĕ	(State or cour	or town)Gern	any		Where did injury occur?	из
17.	INFORMANT HOST	ital Reco	ords		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATION,	OR REMOVAL	17		Manner of injury	
2	Maco Oker	et Cunil	Pete	U. 3., 1937	Nature of injury	
19.	UNDERTAKER (Address)	10. H. Z	ittle	ud.	24. Was disease or injury in any wey related to occupation of deceased?	
20.	FILEO MOL	31,1937 Co	Harry	How	(Signed) (Address) Springfield State Hos	M. D.
		16	blanks are moded	Registrar.	(Address) Philipped Co.	hrrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis -1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

02796

1. PLACE OF DEATH		94-20	7/
Village or City Westminste		Registration Dist. No.	Ward
Length of residence in city or town whera death	(II	death occurred in a hospital or institution, give its NAME instead of street a	nd number)
2. FULL NAME Francis	arndorlk	If U. S. Veteran, specify WAR	
(a) Residence: No. Westmin	ester ma. P. F.D.	. 3 St., Ward. If nonresident give city or lown	and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
male white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH March /2 To (Month) (Day)	, 193 / (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Jusan (Ulbe	rta Orndorff	22. HEREBY CERTIFY, That I attended to the state of the	ded daceased from
6. DATE OF BIRTH (month, day, end yaar) Oct.	5 1869		death is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	Date of onset
8. Trede, profession, or particular kind of work dona, as SPINNER, Farm SAWYER, BODKKEEPER, atc	ner	Auguna Lectores	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc			*****
10. Data daceased last worked at this occupation (month and year)	11. Total time (years) spent in this		1
12. BIRTHPLACE (city or town)	occupation	Other Contributory Causes of Importance:	
(Stata or country) Carroll Co	unty. Md.		
II 13. NAME William Os	ndorff		
4 14. BIRTHPLACE (city or town)	00	Name of operation Dete	of
(State of country)	Country	What tast confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Chine &	aines!	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
16. BIRTHPLACE (city or town) (State or country)	inster Med.	Accidant, suicide, or homicide? Data of Injury Where did injury occur? (Specify city or town, county and	
17. INFORMANT A. Plese Or (Address) Westminster	ndorff mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	nte March 15, 1937	Manner of injury	
19. UNDERTAKER N. Bankard f.	Son	24. Was disease or injury in any way related to occupation of deceased	OVE
3/13 37711	ster, and	(Signed) A March School of	M. D.
20. FILED , 19	Registraj.	(Address) Addlumter	may

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	, I	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APP 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

V. S. No. 1

	Registration Dist. No. No. Down Low	
Village or Cityly - Westmanster (If a Length of residence in city or town where deeth occurred / yrs. 4 mios. 2. FULL NAME - Length Grant -	No. Dozwids Romal St., death occurred in a horpital orinstitution, give its NAME instead of street and nude. ds. How long in U.S. if of foreign birth? yrs. mos	umber)
Length of residence in city or town where deeth occurred / yrs. 4 mos. 2. FULL NAME (a) Residence: No.	death occurred in a horpital oransitution, give its NAME instead of street and nude. ds. How long in U.S. if of foreign birth?	umber)
2. FULL NAME Color town where deeth occurred yrs. 4 mos. (a) Residence: No. Early Many St. Wall	ds. How long in U.S. if of foreign birth?mos	
(a) Residence: No. East Mein St. West	The J. If U. S. Veteran, specify WAR	
(a) Residence: No. East Mein St. West	-1- see - 1 or or votorally opourly militarian	
	stime Ward.	
	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 - (4) (Month) (Day)	193.7 (Year)
a. If married, widowed or districed HUSBANO of		1000
(or) WIFE of Thomas Parker	I HEREBY CERTIFY, That I attended d	leceesed from, 19 <i>-</i> 22
DATE OF BIRTH (month, day, end year) Jan. 21 - 1857	I last saw h 4 elive on 3 - 18 ,1927	; death is seld
. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et	
80 1 R3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were esfollows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	arturo sclaronia	Luckens
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased lest worked at this occupetion (month end spent in this		
year) occupation	Other Contributory Causes of importence:	11-37
2. BIRTHPLACE (city or town)	ardias Delatativas	3 des
(State or country)		
13. NAME Jesse Sullwan		
13. NAME LESSE SULLIVORN 14. BIRCUPLACE (city or town)	Neme of operation Dete of	
(State of country)	Whet test confirmed diagnosis? Wes there an au	topsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur?	
7. INFORMANT LESSE Bernan	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
8. BURIAL CREMATION, OR REMOVAL	Manner of injury	
Place Tracer Gem Date Mar. 16,137	Neture of injury	
9. UNDERTAKER & Bankard from	24. Was disease or injury in any way related to occupation of deceased?	
(Address of estimenter, ma	It so, specify IV More	
O FILED JA 3 Alleooh	(Signed)	MA
Registrar	(Address) Transler	Mg.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	į + į.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1937	July 5,1927	Peritonitis	3 days ago	
	BOREAU V. S.	4			
Other contributory ca	uses of importance:	114	Other contributory causes of importance:	-	
Gallstones		May 1,1923	Gastroenteritis	1 year	
		·			

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

02798

1. PLACE OF DI	EATH	2		(142)	1 2 2 3
County Ca	noce		0	Registration Dist. N	10. 7 d
Village or City	suken	ulle «	Springf	replotate Trospetal	St Ward
	7	18	2 19 (16	death occurred in a hospital or institution, give its NAME instead	of street and number)
Length of residence i	In city or town where	death occurred	yrs - mos	ds. How long In U.S. if of foreign birth?	rsds.
2. FULL NAME	Frede	ride "	Doute	CLASS If U. S. Veteran, specify WAR	mucan
(a) Residence: No	Bult	mine	Count	St. Ward.	
(a) heddelioe. In		(Usual place	of abode)	If nonresident give city	or town and State
PERSONAL	AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. CO	OLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Max	1 1837
5a. If married, widowed, or	divorced		72	(Month) (D	Pay) (Year)
HUSBAND of (or) WIFE of	-	Carlotte.		22. HEREBY CERTIFY. The	it I attended deceased from
				lug. , x 5, to Ma	11/1,1937
6. DATE OF BIRTH (month	, day, end yeer)	inc		I last saw blan alive on 22 cer/1	, 19.3.2; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
62	2	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of im	portance
8. Trade, profession, o	or particular	2	/ /	- omtone ou	Date of onset
kind of work do	KEEPER, etc.	soul c	ceser	American cott has an	130
A Industry or busines	ss in which	. 11		THE CONTRACTOR OF COLUMN	-5-/
SAW MILL, BAN		mic			
O 10. Date deceased last this occupation	worked at	11. Total t	ime (years) nt In this		
year)	My	occ	upation MI	Ather Cantributery Course of importance	- 44
12. BIRTHPLACE (city or to	wn) Walt	inore	Cerente	extended clear veroto	Larin 5- 27
(State or country)	7	nd.	7	recupie-tons et lun	marz
13. NAME Na	newall	Patte	row	De odenal alas - Chr	1920
13. NAME / CA	11 11 11 11 11 11 11 11 11 11 11 11 11	nk		Name of operation	Date of \$1927
(State or countr		401.414	Lt-	2 .1	Washington A 18
15. MAIOEN NAME	elenil	Breche	0101111	1	Was there an autopsy?
E	30	14	rager	23. If death was due to external causes (VIOL ENCÉ) fill in also	
O 16. BIRTHPLACE (city of	2.0	Jumo	U.	Accident, suicide, or homicide? Date of	njury,19
Oldre of country	6 -4 1	0.	./	Where did injury occur? (Specify city or town, c	ounty and State)
17. INFORMANT (Address)	ungle	Jastal	Hveh	Specify whether injury occurred in INDUSTRY, in HOME, or	IN PUBLIC PLACE.
18. BURIAL, CREMATION, O	R DEMOVAL	3/10		Manner of injury	
10 Placeson	aux	Date Pha	19 5/	Nature of injury	
10 HADDELLAND SK	een att	on is	w.	24. Was disease or injury in eny way related to occupation of	deceased? MO
19. UNDERTAKER (Address)	ner	le V	ud.	If so, specify	docodaed: _/
Snagari	1 300	Wasses	Muse,	(Signed) M. Virginia Bluer	M. D.
20, FILED/NAU-	., 19.3	7.00-04	Registrar.	(Address) Sylesisle M	M. U.
			Acgistrar.	" (unniego)	N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

	County_	erre	00			(4545)	Pogiotestian D	int No	14
1						/4.	Registration D	ISI. NO.	1 70
Village or City Sur Resulle					, - 0 (1	death occurred in a hospital or instit	ution, give its NAME	instead of street and	aumber)
	Length of resid	dence in city	or town where	death occurred	yrs 9 mos	ds. How long in U.S. if	of foreign birth?	угзг	nosds
2. 1	FULL NA	ME E	lisak	eth o	Perego	If U. S. Veteran	. specify WAR		
	(a) Residence	e. No	11	- Pro	Union.	aste Ward.	,		
	(=)			(Usual place	of abode)		If nonresident gi	ve city or town an	d State
	PERSON	AL AND	STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	7.	4. COLOR	OR RACE		RRIED, WIDOWED.	21. DATE OF DEATH	March (Month)	15 (Day)	., 193 7 (Year)
Sa. If a	married, widow	ed, or divorce	ed						(1337)
(or) WIFE of			-		1 HEREB	- 141	, That i attended	5
			4	pr. 12	1870		, 192/., to My	12 - 21	19.57
6. DAT 7. AGE	TE OF BIRTH (Months	Days	If LESS than	to have occurred on the date state	8 /	01.5, 19.5	/_; death is sal
AUE	6	,	months //		1 day,hrs.	The PRINCIPAL CAUSE OF DEA	,	of importance	
1 0		- 1		3	ormin.	were as follows:	411	1.	Date of onse
5 °	B. Trade, profes kind of w	ork done, as BOOKKEEPE	SPINNER.	na	u	curper o	want	4200	3-//-
< 9	. industry or I	ousiness in w	vhich						
DCCUPALION 10	Work was SAW MIL	done, as SIL L, BANK, etc	K MILL,				*		
10	Date decease this occup year)	ation (month	ed at h and	Sp6	time (years) ent in this upation				
12 DIE	RTHPLACE (cit		B	Staire	,	Other Contributory Causes of imp	portance:		
14. DIF	(State or coun		ne	ary la	ud.	antinia de	2000		100
13	B. NAME	Lever	ami	W. 0.	crag ou)				
13	. BIRTHPLACE	(aity or law)	Ra	Tueste	Carret	Neme of operation		Date of	
- 1	(State or		1	Mary la	ed !	What test confirmed diagnosis?			_
15	. MAIDEN NAI	ME Sa	ral N	9. But	e-	23. If death was due to external ca			
15	. BIRTHPLACE	/aitu es te	a.	etimes.	Count -	Accident, suicide, or homicide?			
É	(State or		1)	Marcel	and from	Where did injury occur?		vi mjerj	, 13
17. INF	FORMANT	Hasp	estal	Reca	ds	Specify whether injury occurred	(Specify city or to	e, or in PUBLIC P	ate) LACE,
18 BII	(Address)	ION OP PE	MOVAL	will.	M				
10. 00	Place 9	Mu	rys	Date Man	ech 18,1937	Manner of Injury			
19. UN	(Address)	Fall	Be Rd.	ngee	Z sud	24. Wes disease or Injury In eny If so, specify	way related to occupati	ion of deceased?	
	ED Ma	U. 16 19	34 0	Name	Heer	(Signed) Mary	1 M R	ees	M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 - 4	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
. (30) 2210

	item of infor-	should state	of OCCUPA-	1
	H UNFADING INK-THIS IS A PERMANENT REC. RD. Every item of infor-	y supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ain terms, so that it may be properly classified. Exact statement of OCCUPA-	
R BINDING	A PERMANENT	ted EXACTL	perly classified.	footo
ARGIN RESERVED FOR BINDING	INK—THIS IS	E should be stat	at it may be pro	Can inclusione on heal of contificato
ARGIN R	H UNFADING	y supplied. AG	ain terms, so the	Con inctemention

B.—WRITE PL. MLY, WITH UNFADING INK-THIS IS A PERMANENT RE AD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1	
Jo m	pinou	000	1	
ite	S	jo		
Every	MAI	ment		-
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SEC.	PI	xact		
LIL	LY.	E E		
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RM	XX	clas	a.	
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IS	state	prop	certif	-
HIS	pe	pe	Jo	-
	onld	may	TION is very important. See instructions on back of certificate.	
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RIT	tion	USE	NO	
M	ma	CA	TI	
B				H

1. PLACE OF DEATH	<u> </u>
County Carroll	Registration Dist. No. 74
7. 10	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
1. 1. V Al 'nn.	
A . D	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Saucel J. Phillips	i HEREBY CERTIFY, That I attended deceased from May, 29, 1937, to May 3 0, 193
S. DATE OF BIRTH (month, day, and year) Thu. 8 1861	I last saw h alive on Man . 30 , 193); death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. 9 m.
75 11 22 1 day,hrs.	THE I KINCH AL CAOOL OF DESTIT and Telated causes of Importance
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ceretal tunors, and 13/29.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	V- / / /
SAW MILL, BANK, etc	-
this occupation (month and spant in this year) occupation	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	Mr. Vit hethreles 3
	, , , , , , , , , , , , , , , , , , ,
(State or country)	Name of operation
4 6 4 6 60	Whet test confirmed diagnosis? Was there an au'opsy?
13. WAIDER HAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
() () () () () () () () () ()	Where dld injury occur?(Specify city or town, county and State)
17, INFORMANT WAY, Eliza Capital	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Addre	Manner of injury
Newfece Carland Cene Ogte afer. 1, 1937	- Nature of injury
Viene and man die	Tractic of mijury.
19. UNDERTAKER (Address) Living wille mid.	24. Was disease or injury In any way related to occupation of deceased?
	(Signed I Marley M. I
20. FILED Mar. 38, 1937 Stany It en	(Address) Pandallation Tond

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
11 MP (1 V. E. 1)				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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	iter	Sh	Jo
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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	TR	×	回
V. S. No. 1	ANEN	ACTL	ssified.
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02	801
1. PLACE OF DEATH	- F2a d -	7
County Carroll	Registration Dist. No.	
Village or City Waters valle, md.	No	Ward
	death occurred in a horpital or institution, give its NAME instead of street and number of the long in U.S. If of foralgn birth?yrsmos.	
2. FULL NAME Mollie 11. Portee		
(a) Residence: No. Waters ville, Md. (Usual place of abode)	St., Ward If nonresident give city or town and St	iate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garrier the word) Finale 1. Married . 5a. If marriad, widowed, or divorced	21. DATE OF DEATH Musch 4 (Oay)	193 // (Year)
(or) WIFE of Benjamin Portre.	22. I HEREBY CERTIFY, That I attended de 1925, to March 4.	eceased from
6. DATE OF BIRTH (month, day, and year) Nov. 26, 1867	l om Womah / 7070	death is said
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
9 Trade profession or postinular	Arterio Sclerosis	Date of onset
kind of work done, as SPINNER, House wife	Hypertension	?
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last workad at this occupation (month and year) 11. Total tima (years) spant in this occupation		
12. BIRTHPLACE (city or town) Loanall Co	Other Contributory Causes of Importance: Cerebral Hemorrhage	1927
(State or country) 7nd.	" "	1937
13. NAME Daniel Hat field.		
13. NAME Carried Hat field.	Name of operation none Oate of	
(State or country)	What test confirmed diagnosis? Wes there an aut	opsy?na_
15. MAIDEN NAME (Likel Cosmell 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (Stata or country) 7 7 7 7 7 7 7 7 7 7 7 7 7	Accident, suicida, or homicide? Oate of Injury	, 19
17. INFORMANT Mr. Christie Porter. (Address) Waterville md.	Where did injury occur?(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL. Place applies Springs Centreport March 7, 1937	Mannar of injury	
19. UNOERTAKER Lo. M. Fraltz (Address) Man Juefa, M.d.	24. Was disease or injury In any way related to occupation of decaased?	.0
20. FILE Maw. 6, 1937 It D Deciples Registrar.	(Signed) followly Synthy (Adgress) Mt. Airy, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
11 100			
Other contributory causes of importance:	===	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			17.

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

ż

STATE OF MARYLAND—			-CERTIFICATE OF DEATH 02802
County Carroll			Registration Dist. No.
			No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town to	where deeth occurred	(I) yrsmos	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mrs. Jo	sephine I.	Powell	If U. S. Veteran, specify WAR
(a) Residence: No.	-		St., Ward. If nonresident give city or town and State
PERSONAL AND STAT	ISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC	OR DIVORCE	RRIED, WIDOWED, D (write the word) I dow	21. DATE OF DEATH March 3/ (Dey) (1937)
5a. If married, widowed, or www.dx. HUSBAND of (dr) WIFEGO John Pow	ell		22. I HEREBY CERTIFY, That I attended decessed from 1 40 1937, to March 3/ 1937
6. DATE OF BIRTH (month, dey, end year)	Aug 16 185	6	I last saw help elive on March 3b = 1937; deeth is said
7. AGE Yeers Mont		If LESS than	to heve occurred on the dete steted above, at 2-35 Pm.
80	7 15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	R. houswoo	rk	Cagenine Heat Bear Date of onset
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (month and			
f O: Date deceased last worked at this occupation (month and year)	11. Total t	time (years) ent in this upation	
12. BIRTHPLACE (city or town) Md (State or country)			Other Contributory Causes of importance:
13. NAME Abraham Roy	rell		
13. NAME Abraham Roy 14. BIRTHPLACE (city or town) (State or country)	76.3		Neme of operation Date of
	Conanha	77.07	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Barbare			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
— (State of Country)			Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Miss Ida S. Angell (Address) Union Bridge, Md. R#1		MA R#1	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL			Manner of injury
PlacePipe Creek Dete Apr 3, 187.		.3,187.	Nature of injury
19. UNDERTAKER C. O. FUSS & SON (Address) Tane vtown Md.			24. Was disease or injury in any way related to occupation of deceased?
20, FILED apr. 3, 1937	Margaret	R. Englas	(Signed) Muse Melaster M. D. (Modress) Mischaeller Med
Ij	more blanks are needed,	address State Registrar,	r, 2411 N. Clanes Street, Baltimore Requesting U. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis CEIVEI	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
1	July 5,1927	Peritonitis	3 days ago
MIRRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
100	

N. B.-WRITE PL.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

02803

	AME Samuel			16 U. S. Veteran, specify WAR.		
(a) Resid	ence: No. 15 Sol	th East (Usual place	Avenue, I	Balst, imoreward Mary land. [f nonresident give city or town and		
PERSO	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March 2, 1937 (Month) (Day)	, 193 (Year)	
5a. If married, wid HUSBAND of (or) WIFE of				Jan. 8, 1934, to March 2, 1	93,7,	
6. DATE OF BIRT	H (month, dey, and year)	Jnknown		lest saw h. im alive on March 2, 1937	death is s	
7. AGE About	Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:45 a. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
SAWY	of work done, as SPINNER, ER, BOOKKEEPER, atc or business in which wes done, es SILK MILL, MILL, BANK, etc	Barber Barber		General Paralysis of the	Feb. 1933	
10. Date dace this or year)	eased last worked at ccupetion (month end ?		time (years) ent in this upation	Other Contributory Causes of importance:		
10. Date dace this or year) 12. BIRTHPLACE (State or c	ceased last worked at couperion (month end ?	y	cupation	Other Contributory Causes of Importance:		
10. Date dace this or yeer) 12. BIRTHPLACE (State or c	eased last worked at ccupetion (month end ?	y nd o	cupation	Other Contributory Causes of Importance:		
10. Date dace this or year) 12. BIRTHPLACE (State or	(city or town)—Italy Cange Ran ACE (city or town)—Italy or country) AMME Unknown	yodo aly	cupation	Nama of operationNobe	n autopsy?	
12. BIRTHPLACE (State or of State or of St	(city or town)—Italy Gange Rai ACE (city or town)—Italy or or country)	y ndo aly n	upation	Other Contributory Causes of Importance: Nama of operation	n autopsy?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	111	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 5 193	July 5,1927	Peritonitis	3 days ago
BUREAU V.	1.1		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN
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S. No.

19. UNDERTAKER

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH should County Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number, PHYSICIANS Length of residence in city or town where death occurred. How iong in U.S. if of foreign birth?_____yrs.____mos._ statement If U. S. Veteran, specify WAR.... (a) Residence: No (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH VORCED (write the word) 5a, if married, widowed, or divorced HUSBAND of RTIFY. That I attended deceased from (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence or min. were as follows: Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... pe may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and so that occupation ___ 12. BIRTHPLACE (city or town) (State or country) terms, 13. NAME FATHE 14. BIRTHPLACE (city or town). in plain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury. CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, should 18. BURIAL, CREMATION, OR Manner of injury LION Nature of injury_____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requising V. S. No. 1.

if so, specify

(Address) ----

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRALLY	e-plants		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. rly classified.

CAUSE OF DEATH in plain terms, so that it may be properl TION is very important. See instructions on back of certifical
mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back
mation should be carefully supplied. AGE sl CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on
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CAUS TION

N. B.—WRITE

1	. PLACE OF	DEA'	TH	Marylan		losis Sanat	torium	
	County	Carr	oll		Colored	Branch 23	Registration Dist. No. 74	1
7	Village or Ci	ity H	enryton	, Maryl	and	No	St.,_	Ward
	Length of resid	dence In ci	ty or town where d	leath occurrad	O yrs 5 mos	death occurred in a hospital	or institution, give its NAME instead of street an U.S. if of foreign birth?yrs	d number) .mosds.
2	. FULL NAM						eteran, specify WAR None	
	(a) Residence	ce: No	Cecilto	n, Ceci. (Usual place		• St., Ward.	lf nonresident give city or town a	nd State
			D STATIST	CAL PARTI	CULARS		CAL CERTIFICATE OF DEATH	
3, :	Male		r or RACE	OR DIVORCE	RIED, WIDOWED, D (write tha word) Tied	21. DATE OF DE	March 2, 1937	, 193 (Yaar)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo		tie Run	ner		EBY CERTIFY, That Lattend	
6.	DATE OF BIRTH (month, da	v. and vear)	an., 18	. 1903		e on March 2nd 193	
	AGE Year		Months	Days	If LESS than	to have occurred on the d	date statad above, at 7.50 m.	•
	3	4	1	10	1 dey,hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related causas of importance	Date of onset
z	8. Trede, profes	8. Trede, profession, or particular kind of work done, as SPINNER, Tohomom					lmonary Tuberculos	is
TIO	SAWYER,	BOOKKEE	PER, etc.	Labore	r			
UPA	work was	dona, as S L. BANK,	SILK MILL.	Unknow	n			Mar.
OCCUPATION	10. Date decease	d last wo	rked at nth and Unkn	11. Total t	lma (years) nt in this Unkno	nam	•••••	1936
_	year)			Occi	pation	Other Contributary Cause	es of importance:	
12.	BIRTHPLACE (cit (Stata or coun		Cecil Maryl					
ER	13. NAME		James	Runner				
FATHER	14. BIRTHPLACE (State or	(city or to	Maryl	ton and	~ ~ ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	Name of operation	Date of mosis? ———————————————————————————————————	9.0
ER	15. MAIDEN NAI	ME	Maggi	e Water	S		ternal causes (VIOL ENCE) fill In also the follow	
MOTHER	16. BIRTHPLACE (State or	(city or to	own) Cecil Maryl				olcide? Date of injury	
17.	INFORMANT (Addrass)	Reu	ben Hof	fman, M Marvlan	D,		(Specify city or town, county and Scurred in INDUSTRY, in HOME, or in PUBLIC	
18.	BURIAL, CREMAT	ION, OR I			15/, 1937	Mannar of Injury		
19	. UNDERTAKER (Address)	44	lister	tank	ds	24. Was disaase or injury	in any wey related to occupation of deceased?	No
20	FILED 3/2/	37	19 albert	Swar eputy L	Ca Registrar.	(Signed)	Luben Affinan Lenryton Maryland.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AFR D 1931	July 5,1927	Peritonitis	3 days ago
BURCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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FOR BINDING

ARGIN RESERVED

V. S. No. 1

of OCCUPA.

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

See instructions on back of certificate. 7. OCCUPATION MOTHER | FATHER TION is very important.

5€

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L PLACE OF DEATH	Mary		erculosis Sanatorium
	County Carroll		Color	red Branch (23) Registration Dist. No. 74
/	Village Dr City Henryto		(if	No. (above) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town whe	ere death occurred_Q_	yrsOmos	6ds. How long in U.S. if of foreign birth?yrsmosds.
2				If U. S. Veteran, specify WAR
	(a) Residence: No. 1122	W. Lafaye		, sB,alto.WardMd. If nonresident give city or town and State
pinne	PERSONAL AND STATIS	STICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
	Male 4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH March 14, 193 7 (Month) (Dey) (Yeer)
5e.	1f merried, widowed, or divorced HUSBAND of (or) WIFE of	Celeste S	Saunders	22. I HEREBY CERTIFY, That I attended deceased from March 8 1937 to March 14 19 37
	DATE OF BIRTH (month, day, end year)	Aug., 18.	1910	Hast saw him alive on March 14 ,19 37; deeth is said
	AGE Years Months	Days	If LESS then	to have occurred on the deta stated above, et. 2.30 mP. M.
	26 6	24	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
NO	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc			Pulmonary Tuberculosis Pate of onset
Work was done, as SILK MILL, SAW MILL, BANK, etc Unknown 10. Dete decessed lest worked at 11. Total time (years)		ne (years)	May	
12.		timore cyland		
ER	13. NAME Joh	n H. Saur	ders	
FATHER		pahannock ginia		Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No
ER	15. MAIDEN NAME Gen	rtrude Gre	egory	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Baltimore (Stata or country) Maryland			Accident, suicide, or homicide?
17.	INFORMANT Reuben Hot (Addrass) Henryton,			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL		17 ,1937	Manner of injury
19	UNDERTAKER 111	V. 11.740	OWER	24. Wes diseese or Injury in eny way related to occupetion of deceased? NO
20.	FILED 3/14/37, 19 all	ber R Sa	al Registrar.	(Signad) Leubeu Hoffman M.D. (Address) Henryton Maryland

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	
CountCarroll	Registration Dist. No. 724
Village or City Greensville	
(I	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
T	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mary Schundt	If U. S. Veteran, specify WAR
(a) Residence: No. Areen wille	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	May 2 103 >
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Ohn M Schundh	22. THEREBY CERTLEY, That I attended deceased from 1937, to Man. 2, 193/
6. DATE OF BIRTH (month, day, and year) Jour 16 1865	I last saw h_w alive on Mass 1, 193-2; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
72 / 1 day,hrs.	ware as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	-Chr. Valr Least Dis
9. Industry of Dusiness in which	
SAW MILL, BANK, etc. 10. Date dacaasad last worked at this occupation (month and spent in this occupation (month and spent in this spent in t	
this occupation (month and 193) spent in this occupation	
Balting -	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Backer to A T
13. NAME Trederica W. Bentrus	John pen commission
	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherin E, Malser	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town) 4. (State or country) Levenaury	Where did injury occur?
Herra III	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Parity mode and	- Specify and injury occurred an impositing in nome, or in 1 obeing 1 Exoc.
18. BURIAL CREMATION; OR REMOVAL	Manner of injury
Plateler (aleland Date Wow 4, 198)	Natura of injury
19. UNDERTAKER C. H. New	24. Was disease or injury in any way related to occupation of decassed? Zeo
(Address) Sykianile mod	II so, spacify
20 EUED How V/1037 CHarry Neer	(Signey M. 2, Martin M. D
Registrar.	(Address Pandallstown md

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis APR 5 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEAT	Н
. PLACE OF DEATH	93-c	Day	ristration Dist	4 B1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02	2808
County Garroll	Registration Dist. No 75	
Village or City Manchester	NoSt.,	Ward
01	f death occurred in a hospital or institution, give its NAME instead of street and no death of the long in U.S. If of foreign birth?yrsmos	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Aute
Female White 5. Single, MARRIED, WIDOWED, OR DIVORCED (2017) the word)	21. DATE OF DEATH May 14 (Month) (Day)	193.7 (Year)
a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. May 10 187, to War 14	eceasad from
5. DATE OF BIRTH (month, day, and year) Jane 16, 1906	I last sew h_en_ alive on Mun /2 ,1937	; death is sale
7. AGE Years Month Days if LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this	Bfilefore	1910
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u></u>	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:	
(State or country) Maylind	Chrome myocordily	
13. NAME J. Wesley Shaffer		
13. NAME J. Wesley Shaffer 14. BIRTHPLACE (city or town)	Name of oparation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Sarah E Realer 16. BIRTHPLACE (city or town) (State or country) Maustandard	23. If daath was dua to axternal causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide? Where did injury occur?	
17. INFORMANT Mouses J. Shaffar (Address) Managharan	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:) ICE.
Place Manchester and Data 3-17, 193;	Manner of injury	
19, UNDERTAKER Jacob Winter Saway	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Mar. 16 , 1937 mis. Ar. g. S. Dermer Registrar.	(Addrass) Warchestee M	@ M. T

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitiat nephritis APP 6 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SIDEAN V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	2809
County Currol	e	Registration Dist. No.	1.4
Village or City Sylves	ville.	No Principle of State As State (de de d	Ward
Length of rasidence in city or town where death	occurred 6 yrs mos	24-ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME John	& Shaw	If U. S. Veteran, specify WAR	
(a) Residence: No. (1020	W. Cros. (Usual place of abode)	V St., Ward. Baltemore 7	NA od State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, IR DIVORCED (write the word) Married	21. DATE OF DEATH Narch 20 (Month) (Day)	, 193 Z
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Nellie		22. HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (month, dey, end year) Ful	15,1882	1 last saw h aliva on	7; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at Sixo Pim.	
54 8	5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of anant
8. Trade, profession, or particular	. the e went	Perforated Duodenal	3/19/37
AWIER, BOOKREEPER, GIL.	of Reeper	- Ukcer	
9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Sank		
this occupation (month and	11. Totel time (years) spent in this		
year) - May 1 - 1430	occupation 17	Dther Contributory Causes of Importance:	- / /
2. BIRTHPLACE (city or town) Western (State or country)	insler, md	Phikomtio	3/19/37
1	TSland		
13. NAME Dr. Frank	1. Than	Name of appretion Luture of ulcer Pate of	
	ck County	Name of operation summer of the Date of What test confirmed diagnosis? Application Was there and	3/20/37 autopsy? 20
15. MAIDEN NAME Myra	Cull	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) Lasher	ington, DE.	Accident, suicide, or homicide? Deta of injury	
(State or country)		Where did injury occur? (Specify city or town, county and St	-1
17. INFORMANT Ms. John E. Sh. (Address) 1020 W. Cross ST	an (Wiff Baltamore	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	7//	Manner of injury	************
Piace // Danies Da	Mar. 23, 1937	Nature of injury	
19. UNDERTAKER J. Francis. (Address)	Ruse	24. Was disease or injury in any way related to occupetion of deceased?	no
20. FILED Mat 21, 1937 CA	any Heer Registrar.	(Signed) M. Marinia Beyer (Address) Sallesville Wa -	M. D
If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-02
County Carry	Registration Dist. No.
Village or City Angles will had	(If death occurred in a hospital occurred in
Length of residence in city or town where deeth occurredyrs2n	
1 DON	If U. S. Veteran, specify WAR
2. FULL NAME Charles D. S. Mills	
(a) Residence: No/43/ M. Kound place of abode) al	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whate Whate	21. DATE OF DEATH March 20, 193 7 (Veer)
a. If merried, widowed, or divorced	
HUSBAND OF COLOR HISTORY	22. I HEREBY CERTIFY, Thet I attended decessed from
DATE OF RIRTH (month, day, end year) AMA 21-186	
70009	to have occurred on the dete steted above, et
AGE Years Months Deys If LESS then 1 day,h	
	were es follows: Date of onse
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Chamel and organistics
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
yeer) occupation	Other Contributory Canses of importance:
2. BIRTHPLACE (city or town) Alsmany	
(Stete or country)	- Durenbyshy f. f.
13. NAME has I hulle	Millio Selevous !
13. NAME Charles Shulfe	Name of operation
(State of country)	What test confirmed diegnosis! full
15. MAIDEN NAME lynes peoples	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LYNS SCHOOLS 16. BIRTHPLACE (city of town) LINUSUMY (State or country)	Accident, suicide, or homicide? Dete of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT ASSISSAL CICEDAN (Address) Sykumic MA	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Oak lawn Comp Dato Mate 23, 193	7- Nature of injury
9. UNDERTAKER LOOK (Address) Lot Paul & Prestono 87)	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED MAN VO, 19 07 CHarry HEN Registrar.	(Signed) M.
Registrar.	VIPOLUOY HALL XINGULE TO EPILLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1,	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

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U	4	8	1	1

1. PLACE OF DEATH			
County Cantoli		Registration Dist. No.	4
Village or City Joshen	rolle had	death occurred in a horpital or institution, give its NAME instead of street and in	- Ward
Length of residence in city or town where de	eath occurred yrs / O mos		sds
2. FULL NAME Trank	Lynisen	If U. S. Veteran, specify WAR	
(a) Residence: No. 108 Shar	willow Blog	St., Ward.	
	(Usual place of abode) line	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	otate
PERSONAL AND STATISTIC		21. DATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day)	193 (Year)
ie. If married, widowed, or divorced			
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended d	leceased from
S. DATE OF BIRTH (month, day, and years)	120-1872	I last saw h dealive on Mar 24 1937	; death is sai
AGE Yeers Months	Deys If LESS than	to have occurred on the dete steted above, at. 445.m.	
64 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER,	folias.		
Only Eli, Dobline Eli, Close Eli,	savrur.	To a find	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Farm.	Mende	
10. Date deceased last worked at this occupation (month and year)	11. Totel time (years) spent In this occupation	Delivaria.	1
12. BIRTHPLACE (city or town) Ma	yland.	Other Contributory Causes of importance:	
(State or country)	1_1		
13. NAME Plan	Humsen		
14. BIRTHPLACE (city or town)(State or country)	Maryland	Neme of operation Date of What test confirmed diagnosis? Physical Law above an a	utopsy 2/19
15. MAIDEN NAME	Timpoch	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	manufand	Accident, suicide, or homicide? Date of injury	, 19
(State or country)		Where did injury occur?(Specify city or town, county and State	
17. INFORMANT AND	tal Regard	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ČE.
18. BURIAL, CREMATION, OF REMOVAL	source un	Manner of Injury	
Nemeroca med	- Date Mal 76, 193/	Nature of injury	
19. UNDERTAKER Wige. 7. A (Address)	ast son	24. Wes disease or injury in any wey related to occupation of deceased?	
20 FILED WAY 241937 QX	Larry Here	(Signed), M. J. Washing	M.

mation should

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{R}\mathbf{Y}$	PHYSICIAN
ADDITIONAL	OI ACE	T. OIL	T. O ICT III THE	O I WI I I I I I I I I I I I I I I I I I	DA	THEFT

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RESERVED	*****
	200000 1 000000
ARGIN	
10	14.4

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH pluods County Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? Length of residence in cits or town statement RECORD. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Day) (Year) classified. 5a. If married, widowed, of divorced HUSBAND of That I attended deceased from V 4 death is sald certificate, 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Days to have occurred on the date stated above. stated 1 day, hrs. The PRINCIPAL CAUSE and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION I kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this that occupation .. instructions 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME H 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) DEATH (State or Country) Where did Injury occur?. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE plnods very 17. INFORMANT OF (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury S CAUSE mation LION related to occupation of deceased? 19. UNOERTAKER (Address) (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINNAU V. B	11	\$	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTI	ER STATEMENTS BY PHYSICIAN
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ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	54-0
ovomi,	Registration Dist. No.
Village or CityWe Saney (own)	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where leath occurred	mosds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME MAS Mellie U. Smi	the second secon
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL GERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDO OR DIVORCED Garries In Married	
is. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Joseph. 15. comuce	1937 10 Une 80 1936
5. DATE OF BIRTH (month, day, and year) was 8, 1886	I last saw hale allve on Land 1937; death is sale
	S than to have occurred on the date stated above, at
50 7 0 Iday,	min. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done as SPINNER	Jonnesolisuset "
kind of work done, as SPINNER, Hausew Jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as \$11 K MILL	annous for the
work was done, as SILK MILL, SAW MILL, BANK, etc	1935
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME JOHN M. Strolmaker	Δ
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME // OVM / OWLLOW 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT M. J. D. Smith	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plage of Date	Nature of injury
9. UNDERTAKER (Address)	24. Was disease or injury In eny way related to occupation of deceased?
Marie 10 24 CAN MINIO	(Signed) Chamers O. That

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis 155 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02814
1. PLACE OF DEATH County	Registration Dist. No.
Village pr City Marshan	Np. St., Ward
Length of residence in city or town where death occurredyrspro	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. www.long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wallace (1.)	oughour
(a) Residence: No.	St. Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) The merried, widowed, or divorced HUSBAND of	21. DATE OF DEATH May 15 , 193 7 (Month) (Dey) (Year)
6. DATE OF BIRTH (month, day, end year) CHA 3 (- 18)	HEREBY CERTIFY, That I attended deceased from 15, 1935, to 15, 1935; deeth is sai
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Cerebral Hemorrhoge i Newfugia 10-13-
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME NOT Known.	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or Jountry)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT WAS WIND SOME NOW A	(Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place. Date March 1719.3.9	Manner of Injury
19. UNDERTAKER (Address) Series Supraday In	24. Was disease or injury in eny wey related to occupation of deceased? 20. Af so, specify (Signed) 4
20. FILED Mark 19 (Law Estagaday Registrar.	(Address) New Winds or This

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	t t	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
APR 7 1937					
Other contributory causes of importance: 3.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

Exact statement of OCCUPA-

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACI	E OF DEAT	Н		Ma			losis San Branch	atoriw	n		
	County	Carro	211					23,	Registration	Dist. No.	7.4	
1		or City_Hel				(If		d in a hospital or institute How long in U.S. If of				
2	FIRE	NAME ROS	trice	T117	ia S	tenhens		_If U. S. Veteran,	enerify WAR	-Non-	е	
2.									speeny wrate			
	(a) Ne	Sidelice. No.115	2.4.4. <u>9</u> .11.0.0.	1)	Javal place	Mary's Co	2 4 4 1,1111	• naid.	If nonresider	t give city or	town and	State
1	PERS	SONAL AND	STATIST	CAL	PART	CULARS		MEDICAL CE	ERTIFICAT	E OF DE	EATH	
3. SI	ex Fema]		or race Lored			RIED, WIDOWED, D (write the word)	21. DAT	E OF DEATH	March 1	4 (Oay)		193.7 (Year)
5a. I	f married, HUSBANO (or) WIFE	widowed, or divorce of of		har	les	Stephens	22. Decer	HEREBY	CERTIF	Y, That I	attended o	deceased from
6 D	ATF OF RI	RTH (month, day,	and year) J	ערוו	3.	1907	I last saw h	er alive on Ma	arch 14		,19 37	; death is said
7. A		Years	Months		Days	if LESS than	to have occ	curred on the date states	d above, at 3 .	55 A.	. M.	
1	8. Trade	29	8 ticular		11	1 day,hrs. ormin.	The PRINC were as fo	ilpal cause of deat flows: Pulmona:	and the state of t	100		Oate of onset
OCCUPATION	9. Industr	profession, or par d of work done, a WYER, BOOKKEEP ry or business in rk was done, as SI W MILL, BANK, et	ER, etc which LK MILL,		sewi home							Aug. 1933
	thi: yea	eceased last work s occupation (mont ir) CE (city or town)_	Holly	WOO	spe occ	lme (years) nt in this upation <u>Unkn</u> (tributery Causes of Impo	rtance:			
	(State o	or country)	Maryl									
HER.	13. NAME		Georg			.ark						
FATHER		PLACE (city or tow ate or country)	Mary I					peration			Date ofs there an a	utopsy?NO
ER	15. MAIOE	N NAME	Lula	Edw	ards			was due to external cau				
MOTHER		PLACE (city or tow tate or country)	Maryl					uicide, or homicide?				
17.		Reuber			and		Specify wh	ether injury occurred in	(Specify city NDUSTRY, in I	or town, cour IOME, or in I	PUBLIC PL	e) ACE,
		REMATION, OR RE				111 00	Manner of	Injury				
do	2 Place	Hollywoo	ono.	Oate	mai	d 16, 1937	Nature of I	Injury				
19.	UNOERTAK (Addre	// 4 1/	1 Ster	the		gottenn ond	24. Was disc	ease or injury in any w	ay related to occu	pation of de	ceased?	No
20.	FILED 5	/14/37,	alle De	rt	RS	wankhau Cal Registrar.	(Signe		nryton,	Mar	yland	
							2411 N. Chan	rles Street, Baltimore, Re	equesting V. S. N	6. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago		
APR 5 1931			14		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		
			remaisa),		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	
County-learrolf	Registration Dist. No.
Village or City Westerius les	No. St., Ward
Length of residance in city or town where death occurred	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Carrie Hesson Stutt	If U. S. Veteran, specify WAR
(a) Residence: No/00 Penn (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (cupite the word)	21. DATE OF DEATH (Month) (Day) (Yar)
HUSBAND of Cor Wife of Just Assian Stulty	22. I HEREBY CERTIFY. That I attended Tocceased from 1937, to Closed 2 1937
6. DATE OF BIRTH (month, day, and year) 8 8 1879	I last saw h. alive on Watel 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
57 6 24 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trada, profassion, or particular	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occurrence or month and seen in this	Jan Phot bounds - two in
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Like left thest - on hi
10. Data deceased last worked at this occupation from the same spent in this occupation worked at this occupation when the same spent in this occupation the same spent in the same spent	Deat occurat 40 minutes of a wome
12. BIRTHPLACE (city or town) 71. d	Other Contributory Causes of importance:
1	
	Name of acception 120 100 100 100 100 100 100 100 100 100
(Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME EN ONG ONE MUENA	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ellargared Myers 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Houseast Date of injury 3/2 1937
16. BIRTHPLACE (city or town)	Where did injury occur? Lo Exterior leave land
17. INFORMANT/ILLE John Stambaugh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 32 Cal, Pustal toded by husbare
Place Vridere Coen. Dat 1 arch 3, 193?	Nature of injury Alex Cheve
19. UNDERTAKER HBunkard 4500	239 Was disease or injury in any way related to occupation of deceased?
(Address) Questroccuster, MCG.	If so, specify
20. FILED 4 193 / Cleoosture	(Signed) M. D. M.
Registrar./	(Address) Wallington with

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis APR 6 1901	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
The second secon					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

02817

1. PLACE OF DEATH	107
County Carroll	Registration Dist. No.
Village or City Westnusser	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME JESSE Josiah Stuly	If U. S. Veteran, specify WAR
(a) Residence: No. 100 Penn. Gue.	St. Ward.
(Usual place of abode)	If nonresident give city or Iown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SAX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mayued	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Farrie Hesson Stilly	1 HERESY CERTIFY, That t ettended deceased from 1937, to World 2 1937
6. DATE OF BIRTH (month, day, and year) 2 5 1882	t last sew h. Lu alive on levered 2 , 1937; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$290 pm.
55 0 27 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Date of onset
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tunolof wounds (3) we
Q Industry or business in which	upper left Short wall-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at. 11. Total time (yeers) specified with this occupation (many hand).	Deef wiflieted word 37 Call
spaint in this	Protoch NEater occurred 20 recentes
yeer) Mach 27.73 occupation 7.9	Other Contributory Causes of importance: Later.
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME William Steeling 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Cennie William	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME CENTRIC Williams 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Meice Le Date of injury 3/2 , 1937
Steleper country)	Where did injury occur? Westernate, leasy and
17. INFORMANT MR John Steinbaugh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL O	Manner of injury Protol Woulds
Place Udere tim Dathwilk 3,1937	Nature of injury 3 Wounds over left poelsal area.
19. UNDERTAKES VISaubaro 1800	24. Wes disease or injury in any way related to occupetion of deceased?
(Address) Westmani to Charles	If so, specify $ \mathcal{N} $
10 7 7/1/ Diani	(Signed) Thereties Dark M.D.
20. FILED Registrar.	(Address) le Estrementer leany land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A PRIDEAU V. S.	18		
Other contributory causes of importance:	and the same	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Remarkable - No miles	May 1,1923		1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ICIAN
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D. Every item of infor-

IS A PERMANENT REC BINDING

LY, WITH UNFADING INK-THIS

FOR

ARGIN RESERVED

Village or City Sykesville No.Springfield State Hospistal (If death occurred in a horpital or institution, give its NAME instead of street and nutlength of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Yes Sykesville No.Springfield State Hospistal (If death occurred in a horpital or institution, give its NAME instead of street and nutlength of street and nutl	4		
Langth of residence in city or town where death occurredyrsmos			
Length of residence in city or town where death occurred yrs	Ward		
(a) Residence: No. Cockeysville, Baltimore County, Waharyland. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surific the word) Separated 5. If married, widowed, or divorced HUSBAND of (Or) will of Unknown 6. DATE OF BIRTH (month, day, and year) August 23, 1882 7. AGE Years Months Days If LESS than 1 day. 1. AGE Years Months Days If LESS than 1 day. 1. AGE Years Months Days If LESS than 1 day. Ans. A 1 lady. Ans. A 27 (Month) (Day) 22. I HEREBY CERTIFY, That I attended de December 10, 19 36, to March 27, 11 last saw h.IM. alive on March 27, 11 last saw h.IM. alive on March 27, 19 37.; to have occurred on the date stated above, a 2: 55. P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Broncho Pneumonia F. SAWYER, BOOKKEPER, etc. S. Index of the control of the date stated above, a 2: 55. P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Broncho Pneumonia Tother Cestributery Causes of importance: 12. BIRTHPLACE (city or town). Glyndon (State or country). Unknown Name of operation. Name of operation. Name of operation. What test confirmed diagnosis? Plays. Exam. Was there an august of the country of	ds.		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated White Separated 3. SEX A. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated 3. SEX MEDICAL CERTIFICATE OF DEATH 3. SEX MINIMAL MARK of word divorced Months Days If LESS than 1 days			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX			
1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Separated 5a. If married, widowed, or divorced HUSBAND of ("Or Wife of Unknown") Unknown 5a. If married, widowed, or divorced HUSBAND of ("Or Wife of Unknown") 5a. DATE OF BIRTH (month, day, and year) August 23, 1882 7. AGE Years Months Days If LESS than 1 day, his. Large Larg	late		
MALE White Separated 53. If married, widowed, or divorced HUSBAND of (or) Wife of Unknown 54. If married, widowed, or divorced HUSBAND of (or) Wife of Unknown 55. If married, widowed, or divorced HUSBAND of (or) Wife of Unknown 56. DATE OF BIRTH (month, day, and year) August 23, 1882 77. AGE Years Months Days If LESS than 1 day,hrs. ormin. 54. 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
in the procession of particular wide wide of the date stated above, and year) August 23, 1882 I. AGE Years Months Days If LESS than I day hrs. or min. S. B. Trade, profession, or particular kind of work done, as SPINNERCLER and salesman SAWYEE, BOOKKEEPER, etc. 9. Industry or business in which Hardware store; SAW MILL, BAK, etc. Cotton Industry. 10. Date deceased last worked at this occupation from than dyear) About Nov., 1936 occupation Unknown 12. BIRTHPLACE (city or town) Glyndon (State or country) Waryland 13. NAME Joshua Tracey 14. BIRTHPLACE (city or town) Unknown 15. MAIOEN NAME Ida Groff 16. BIRTHPLACE (city or town) Unknown (State or country) Unknown 15. MAIOEN NAME Ida Groff 16. BIRTHPLACE (city or town) Unknown (State or country) Unknown Where did injury occur? Where did injury occur? Where did injury occur?	193 37		
(or) WIFE of UNKNOWN 6. DATE OF BIRTH (month, day, and year) August 23, 1882 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 54 7 4 law, hrs. or min. 7. Trade, profession, or particular kind of work done, as SPINNERClerk and salesman SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Collon industry. 9. Industry or business in which Hardware store; SAW MILL, BARN, etc. Collon industry. 10. Date deceased last worked at this occupation (month and year) A DOULT NOV. 1936 spent in this occupation (month and year) A DOULT NOV. 1936 occupation Unknown 12. BIRTHPLACE (city or town) Glyndon (State or country) Maryland 13. NAME Joshua Tracey 14. BIRTHPLACE (city or town) Unknown 15. MAIOEN NAME Ida Groff 16. BIRTHPLACE (city or town) Unknown 17. Where did injury occur? (See a country) Where did injury occur? (See a country) Where did injury occur? (See a country) Where did injury occur?			
6. DATE OF BIRTH (month, day, and year) August 23, 1882 7. AGE Years Months Days If LESS than 1 day,	eceased from		
Tade profession, or particular kind of work done, as SPINNERCLERK and salesman solubility. 9. Industry or business in which work was done, as SILK Mill. Hardware store; salesman solubility. 10. Date deceased last worked at this occupation (month and year) ADOULT Nov., 1936 occupationUnknow occupationUnknow occupationUnknow (State or country) Maryland 12. BIRTHPLACE (city or town). Glyndon. (State or country) Maryland 13. NAME JOShua Tracey 14. BIRTHPLACE (city or town). Unknown 15. MAIOEN NAME Ida Groff 16. BIRTHPLACE (city or town). Unknown 17. Maryland (State or country) Unknown 18. Maloen NAME Ida Groff 28. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?			
Trade, profession, or paticular kind of work done, as SPINNERClerk and salesman sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as Isk Mill. Hardware store; SAW MILL, BANK, etc. Cotton Industry. 10. Date deceased last worked at this occupation (month and year) ADOUT. Nov., 1936 occupation Unknown 12. BIRTHPLACE (city or town). Glyndon. (State or country) Maryland 23. Industry of business in which work was done, as Isk Mill. Hardware store; SAW MILL, BANK, etc. Cotton Industry. 14. BIRTHPLACE (city or town). Glyndon. (State or country) Maryland 25. Maioen Name Ida Groff 16. BIRTHPLACE (city or town). Unknown (State or country) Unknown 17. Total time (years)			
Trade, profession, or particular kind of work done, as SPINNERCLERK and salesman SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL Hardware store; SAW MILL, BANK, etc Cotton industry. 10. Date deceased last worked at this occupation (month and year) About Nove, 1936 occupation Unknown 12. BIRTHPLACE (city or town). Glyndon (State or country) Maryland 13. NAME Joshua Tracey 14. BIRTHPLACE (city or town). Unknown What lest confirmed diagnosis? Phys. Exam. Was there an automost of the country of the	Date of onset		
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12. BIRTHPLACE (city or town) Glyndon (State or country) Maryland 13. NAME Joshua Tracey 14. BIRTHPLACE (city or town) Unknown (State or country) Unknown 15. MAIOEN NAME Ida Groff 16. BIRTHPLACE (city or town) Unknown (State or country) Unknown 16. BIRTHPLACE (city or town) Unknown (State or country) Unknown What test confirmed diagnosis? Phys. Exam. was there an author of the country of			
(State or country) Maryland 2			
14. BIRTHPLACE (city or town). Unknown (State or country) Unknown 15. MAIOEN NAME Ida Groff 16. BIRTHPLACE (city or town). Unknown (State or country) Unknown 16. BIRTHPLACE (city or town). Unknown (State or country) Unknown What test confirmed diagnosis? Phys. Exam. Was there an au 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?			
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15. MAIOEN NAME Ida Groff What test confirmed diagnosis? FLAY S. EXAMLE Was there an aut 15. MAIOEN NAME Ida Groff 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Unknown Unknown Unknown Where did injury occur? Capife size a second size of the size and second size and second size of the size and second size of the size and second size and sec			
16. BIRTHPLACE (city or town). Unknown (State or country) Unknown Accident, suicide, or homicide? Where did injury occur?	opsy? No		
16. BIRTHPLACE (city or town) Unknown Accident, suicide, or homicide? Date of Injury	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
Where did injury occur?	, 19		
AN AUGODIANT D. D. HOSDILAI PECOPOS Specify whether injury occurred in industry, in home or in plint in place)		
(Address) Sykesville, Maryland	JE.		
18, BURIAL, CREMATION, OR REMOVAL			
Place astrony am. Date March 29, 1931 Nature of Injury			
19. UNDERTAKER W. G. Brooks & Soc 24. Was disease or injury in any way related to occupation of deceased?			
(Address) Sparker and If so, specify If so, specify			
20. FILED Wat 18, 1987 Ostary You (Signed) Marine (Address) Springfield State-Hos	M. D		

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset
1 week ago
1 week ago
3 days ago
1 year

is very important. See instructions on back of certificate.

TION

V. S. No. 1

of OCCUPA-

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0	~	1	3	0

1. PLACE O	F DEATI	H	Mar		perculosis Sanatorium	010
County	Car	roll		Colc	ored Branch 23 Registration Dist. No. 74	
Village or (on, Md.	(If O yrs 6 mos	No. (Above) St., death occurred in a hospital or institution, give its NAME instead of street and no. 24 ds. How long in U.S. if of foreign birth?	Ward
2. FULL NA					If U. S. Veteran, specify WAR None	
					tost., Md Ward.	
(a) Resider	1100.110	ZV.X	(Usual place	of abode)	If nonresident give city or lown and	State
PERSON	NAL AND	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
female	4. COLOR	or race	OR DIVORCE	RRIED, WIDOWED, D (write the word) Pied	21. DATE OF DEATH March (Month) (Day)	, 193
5a. If married, widow HUSBAND of	wed, or divorce	ed				
(or) WIFE of	Will:	iam Val	lentine		22. I HEREBY CERTIFY. That i attended of August 14 19 56 to March 10	leceased from
6. DATE OF BIRTH	(month day a	nd unex D	00 11	1 202	Hast sawh er alive on March 10, 19 37	
	ars ars	Months	Days	If LESS than	to have occurred on the date stated above, at 8:45 mP. M.	, 444411 14 4414
	8	2	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade profession or particular					Pulmonary Tuberculosis	Data of onset
9. Industry or work wa SAW MI	business in w is done, as SIL LL, BANK, etc	hich K MILL, UI	aknown			Dec.
10. Date deceased last worked at this occupation (month and year)					7.1	
IZ. BIRTHPLACE (c (State or cou			lotte h Carol	ina	Other Coutributory Causes of Importance:	
13. NAME		Thoma	as Rand	all		
13. NAME 14. BIRTHPLAC (State o	E (city or town	Char	lotte n Carol		Name of operation Date of What test confirmed diagnosis? Was there an a	No
™ 15. MAIDEN NA	AME	Elvia			23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLAC	E (city or town	, Char	lotte	*	Accident, sulcide, or homicide? Date of injury	
17. INFORMANT (Address)	Reul	ben Ho	ffman,	M. D.	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) NCE.
18. BURIAL, CREMA	TION OF PEN		Maryla Date 2/	///19.37	Manner of Injury	
19. UNDERTAKER (Address)	Mrs. G	range	way yo	empley	24. Was disease or injury In any way related to occupation of deceased?	No
20. FILED 3./1	0/3.7, 19	albert		LOCA Registrar.	(Signed) Loubeu Haffman (Address) Henrytten, Maryland	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	il	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis APP 5 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
der ver	BUREAU V. S.				
Other contributory of	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
آ هندر					

B.—WRITE

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1	L PLACE OF DEA				(23)	pl	Cr. 1.
	County Carro	<u></u> ΣΤΤ				Registration Dist.	
	Village or City	Sykesvil			death occurred in a horpital or in		ead of street and number)
	Length of residence in	city or town where d	eath occurred	yrsmos	23ds. How long in U.S.	it ot foraign birth?	_yrsds.
1	2. FULL NAME A	nthony W	ladello.		If U. S. Veter	an, specify WAR	
	(a) Residence: No.	3216 01	Donnell (Usual place	Street,	Balltimona, M	lary land If nonresident give o	city or town and State
	PERSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL	CERTIFICATE OF	DEATH
		or or race hite	s. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	H 7th, 1937 (Month)	, 193 (Day) (Year)
5a.	If married, widowed, or div HUSBAND of (or) WIFE of Maid		unknowi Wadel	20		BY CERTIFY, 1	That I attanded decaased from
	DATE OF BIRTH (month, d			1882			19 37; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date :		
_	55	0	21	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF D		importanca Date of onset
NOI	Freda, protassion, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.				Active Pulmo	onary Tubero	
CUPATION	9, Industry or businass work was done, as SAW MILL, BANK	in which SILK MILL, La , etc.	aborer				1937
000	10. Date dacaased lest worked et 11. Total time (years)			ime (years) nt in this upationUnkno	vn		
-		Ilnknor			Other Contributary Causes of	•	
12	. BIRTHPLACE (city or town (State or country)	Poland	(V 1.1		Post encepha	alitis	About
00							Jan.,
H	13. NAME John V						1927
FATHER	(Stata of country) FOLATIC				Name of oparation	Phys. Exam.	Was thera an au'opsy?N.C
ER	15. MAIDEN NAME Catherine Bobie 16. BIRTHPLACE (city or town) Unknown (State or country) Poland 17. INFORMANT S. S. Hospital records (Address) Sykesville, Md.				23. If death was due to externa	I causas (VIOLENCE) fill in a	ATTIES also the following:
MOTH					Accident, suicide, or homicide	***************************************	of injury, 19
17					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18	BURIAL, CREMATION, OF	REMOVAL	sepere Mar	30 ,1987	Manner of injury		
19). UNDERTAKER (Address) 1940	W. Og	gens	hi Belt M	24. Was disease or injury in a	ny way ralated to occupation	ot daceased?
20	FILED War 27	1987 0	Harry	Huer	(Signad)Spring	Advisor	Hospital M.D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICI	AN
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BINDING	
FOR	
RESERVED	
ARGIN	

V. S. No. 1

PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 02821
Col	perculosis Sanatorium 74
County 9411011	kegistration Dist. No. 7 =
Village or City Henryton, Md.	No. (above) St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred O_yrs_11_mo	s. O_ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward Walker	If U. S. Veteran, specify WARNone
(a) Residence: No. 1527 Winchester St., Ba	alts, Md Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 5a. If married, widowed, or divorced	21. DATE OF DEATH Warch 8, 1937 (Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from April 8 1936 to March 8 1937
6. DATE OF BIRTH (month, dey, end yeer) Sept., 7, 1906	I last sew h im elive on March 8 ,19.37; deeth is sald
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, et. 4 e. 15 _R . M . The PRINCIPAL CAUSE OF DEATH and releted causes of importance
30 6 I or min.	were as Iollows: Pulmonary Tuberculosis Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Unknown SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) spent in this occupation (month end	
Industry or business in which work was done, as SILK MILL, ITING TO STATE	March
work was done, as SILK MILL, Unknown	17074
10. Date deceased last worked at this occupetion (month end yeer) 11. Totel time (years) spent in this Unknown occupetion Unknown	19474
	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Winston Salem (Stete or country) North Carolina	
	-
13. NAME Moorehead Walker 14. BIRTHPLACE (city or town) Statesville (State or country) North Carolina	
14. BIRTHPLACE (city or town) Statesville	Name of operation Date of
Totale or country) 1101 on oat of the	What test confirmed diagnosis? Wes there an eutopsy? NQ
L 15. MAIOEN NAME Mamie Hutchinson	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Namie Hutchinson 16. BIRTHPLACE (city or town) Salisbury (State or country) Nonth Canaline	Accident, suicide, or homicide?
(State or country) North Carolina	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Reuben . Hoffman, M. D. (Address) Henryton, Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALE Dete 3/, 8, 1937	Menner of injury
19. UNDERTAKER France a Hengley (Address) 5 7 8 W Biddle St	24. Wes disease or injury in any wey releted to occupation of deceased? NO
20. FILED 3/8/37 19 albert R Sevankhau Deputy Local Registrar.	(Signed) Leuben Haffman M.D. (Address) Henryton, Maryland.
NEW TOWARD	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		· · · / P:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	١

30 1927

1. PLACE OF DEATH County Conty	82-6
Village or City Harney Ind	No. St., W death occurred in a horpital or institution, give its NAME instead of street and number)
a manufact Carried Till to	ds. How long In U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX J. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) W. Color OR RACE SEX J. WARRIED, WIDOWED, OR DIVORCED ("write the word) W. Color OR RACE SEX J. WARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH MAY 2/25, 193.7. (Month) (Oay) (Year)
B. If macrical anticorred, or divorced wise and of (or) Wife of Joseph, waste of (or) Wife of (or	22. I HEREBY CERTIFY. That i attended deceased of Cot 2 1 1 1936, to May 2 2 1, 1937; death is to heve occurred on the date stated above, at 5 4 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of on Cot 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
SAW MILL, BANK, etc	Other Cautributary Causes of importance;
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operationOate of
15. MAIDEN NAME Canna M Jents 16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT A CALLED COUNTY (Address) B. BURIAL, CREMATION, OR REMOVAL Place Lufture Harry Oately as 29, 1937	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
9. UNDERTAKER OF FULLY Sun (Address) Janeston and D. FILED Met. 22, 1937 Marce 6. Wilt	24. Wes disease or injury in any way related to occupation of deceased? AN. if so, specify

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Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAU V.	July 5, 1927		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HIS IS A PERMANENT RECORD. Every item of infor-	be stated EXACTLY. PHYSICIANS should state	be properly classified. Exact statement of OCCIPA.
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Every	CIANS	tement
ECORD.	PHYS	cact sta
ENT R	TLY.	ed. Ey
RMAN	XAC	classifi
S A PE	tated I	be properly c
HIS I	be s	be p

AGE should

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	2	8	2	3	

1. PLACE OF DEATH	23/
County Carroll	Registration Dist. No.
Village or City Su heavelle had	· No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,m	osds. How long in U. S. If of foreign birth?yrsmosds
2. FULL NAME ISSAUL Wass	If U. S. Veteran, specify WAR
(a) Residence: No.5/8/1 adamy 4/	St., Ward.
Hane (Just a cold bode) all	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar, 16, 1876	I last saw h an alive on Man 21, 1937; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 25 m.
6/ 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Julingrany 4 - 241
Industry or business in which work was done, as SILK MILL,	Justerulosu /37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
this occupation (month end spent in this occupation occupation	
Hastland Com	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John T Ward	
= 11.41.0	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? A Ray Wes there an autopsy? A
	23. If death was due to external causes (VIQL'ENCE) fill in also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) 4111 Affill (State or country)	Where did Injury occur?
Mare Tol Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT White Manual Control of the Control o	appeny whether injury occurred in the books, in Home, of the books of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Statel de Grace Md Date Mar, 28, 198	7. Nature of injury
Heer offen due	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Kinkernelle md,	If so, specify
May 21 Afferen Hive	(Signed) M. M. Masslery M.
20. FILED Registrar.	- Andress - Al State Host
TC U.L. J.J. J.J. C. D.	NOW A SC . P. W. A. P. W. S. N.

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12. BIRTHPLACE (city or town).

(State or country)

(State or country)

(State or country)

17. INFORMANT ...

19. UNDERTAKER

(Addrass) 18. BURIAL, CREMATION, OR REMO

FATHER

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. No. Springfield State Hosp\$ttal Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 4 yrs mos. 1 ds. How long in U.S. If of foreign birth? yrs mas ds. 2. FULL NAME Thomas F. White If U. S. Veteran, specify WAR. (a) Residence: No. 31 Boone St., Cumberland st., (Usual place of abode) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word)

I HEREBY CERTIFY. Thet I ettanded deceased from 19 33 to March 12 19 37 The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset

23. If death was due to externel causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of decaasad? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Bequesting V. S. No. 1.

Registrar.

If LESS than

1 day hrs.

or____min.

occupetion ____

Maryland

14. BIRTHPLACE (city or town) West Virginia

Hospital Records

Thomas W. White

15. MAIOEN NAME Sophronia P. Tiller

16. BIRTHPLACE (city or town) West Virginia

nation should OF.

CAUSE LION

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		- P	
			COLL BY

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

22 1937

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1. PLACE C	E DEATH			1077		
County_C	arroll	,	-0/2	Registration Dist. No.	1/	
Village or	City Sykesi	relle	Spring	The state of organial state	War	
tenoth of re	sidence in city or town where	death occurred 2	V V D 00	if death occurred in a hospital or institution, give its NAME instead of street and nus.		
	71.0.	deeth occurred	1-6-1	s	3	
2. FULL NA	ME Jaces	see a	nece	If U. S. Veteran, specify WAR		
(a) Reside	nce: No cato	novel	le mo	€9t., Ward.		
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS				If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARE		21. DATE OF DEATH		
В. гм.	111)		(write the word)	March 13	193	
Sa. If married, wido	wed, or divorced	TO LOS	wear	(Month) (Dey)	(Year)	
HUSBAND of (or) WIFE of	Thomas	11/4;	to	22. HEREBY CERTIFY, Thet I ettended d	leceased fro	
	roomers	2	100	Tel 22 ,1935, to Mar 10	193.	
6. DATE OF BIRTH	(month, dey, and year)	ere 14	1867	I last saw httlelive on / last /3 - 193/;	; death is sa	
7. AGE Ye	ars Months	Oeys	If LESS then	to heve occurred on the date stated above, at		
6	9 6	29	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:	Datastas	
8. Trede, prof	ession, or particular work done, as SPINNER	necl.	1	Broncho-preumonea	Date of one	
SAWYE	R, BOOKKEEPER, etc.	vanne	gowall		1931	
9. Industry of work w. SAW MI	business in which	int Fred	etmu			
U LIO. Date decea	LL, BANK, etc.	II. Total tir	ne (yeers)	-		
this occ yeer)	upation (month end	70 spen	t in this \\21			
as DIRTHDI ACT (1111	*		Other Contributory Causes of Importence:	100	
12. BIRTHPLACE (d (State or con		ulan	d	Vicinia de de la comparta del comparta del comparta de la comparta del comparta de la comparta del comparta de la comparta del la comparta de la com	170	
IS. NAME	2hn. 200	anui	20 -	asterior Comin	1/12	
I //		· El		No contract of the contract of	17-0	
I4. BIRTHPLAC	r country)	118Con	111	Neme of operation Dete of Dete of What test confirmed diagnosis? Classification Was there an eu	7/	
15. MAIDEN N	AME SI ESTO A	1/110	san.			
├ ── }		ut.		23. If death was due to external causes (VIOLENCE) fill in elso the following:		
	E (city or town)	allar	M	Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19	
9-	Vanh. + - 1	Don	~	(Specify city or town, county and State))	
17. INFORMANT (Address)	believed of	1 State	Vanh	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	CE.	
	TION, OR REMOVAL	a vice.	10095	Menner of injury		
18. BURIAL CREMA	1	Dete Mex	U15,1937	Nature of injury		
	yer Cit			Mariato At India)		
18. BURIAL, CREMA	Log B	Door		24 Was dispess as injury to any way related to assuration (40	
	Jos Balt	BOK	und	24. Was disease or injury in eny wey related to occupetion of deceased?	0	
18. BURIAL CREMA 19. UNDERTAKER (Address)	Jos Billi	DOOK	red .	24. Was disease or injury in any way related to occupation of deceased? The it is, specify (Signed) Managing Ruyer	0	

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MAR 17 1937

B.—WRITE PLA

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V. S. No. 1

See instructions on back of certificate.

important.

TION IS YET 8

CAUSE

18. BURIAL, CREMATION, OR REMOVAL

Depu

oca

19. UNDERTAKER

(Address) 20. FILED 3/22/

of OCCUPA.

		A STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	826
1	L PLACE OF			vland Tu	berculosis Sanatorium	040
	County	Carroll		Col	ored Branch (23) Registration Dist. No. 74	
			n. Marvl	and		Wa
11	Laurab of and	dans la di cara a la		(II	No. (above). St, death occurred in a hospital or institution, give its NAME instead of street and 1 ds. How long in U.S. if of foreign birth? yrs. m	number)
						08
			Lee St.	. Baltim	orst., Md. Ward. If U. S. Veteran, specify WARNone Orst., Md. Ward.	
antiz	PERSON	AL AND STATIST	(Usual place		MEDICAL CERTIFICATE OF DEATH	State
	SEX	4. COLOR OR RACE Colored	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 22 (Month) (Day)	, 193 7 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I attended October 21 1936 to March 22	deceased fro
6.	DATE OF BIRTH (month, day, and year)	December	5, 1913	Hast sew h er alive on March 22 1937	_; deeth Is sa
7.	AGE Yea	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9 • 30 P. M.	
	27		17	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of one
NO	8. Trade, profes	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Domesti	C	Pulmonary Tuberculosis	
CCUPATION	9. Industry or I	business In which done, as SILK MILL, L, BANK, etc	Unk h own			Aug. 1936
000	this occup	ed last worked et pation (month and \mathbb{U}_{nk}	nown spei	me (years) nt in this Unkn	wn	T300
12	. BIRTHPLACE (cit	vortown) Wind	sor	pation	Other Coutributory Causes of importance:	
_	(State or coun	mary) Nort	h Caroli	na		
1ER	13. NAME		kin Will	iams		-
FATHER	14. BIRTHPLACE (Stete or	(city or town) Wind country) Nort	sor h Caroli	na	Name of operation Date of What test confirmed diagnosis? Was there en	
EB	15. MAIDEN NA	we Mali	nda Rohl	eck	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following	
MOTHER		(city or town) Wind country) Nort	sor h Caroli	na	Accident, suicide, or homicide? Date of Injury	
17	INFORMANT	Reuben Hoff	man		(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.

Haryland If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

(Signed)

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Example I			Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 5 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

	ce of Dea					Dist. No. 74	
. Villag	ge or City	Sykesvi		(IF	ND. Springfield State death occurred in a hospital or institution, give is NAM 5 ds. How long in U.S. if of foreign birth?	Hospist, al Ward	
					ds. How long in U.S. if of foreign birth?	yrsmosds	
		Russell 37 N. C	entre S	t., Cumb	If U. S. Veteran, specify WAR erlend ward.		
DEC	250111 41		(Usual place		MEDICAL CERTIFICATE	t give city or town and State	
3. SEX		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	E OF DEATH	
Male	e Whi	te		D (write the word)	March 4, 1937	(Dey) (Yeer)	
5a. If married HUSBAI (or) WI	d, widowed, or divo ND of FE of Jea	anette W	illison		22. I HEREBY CERTIF		
6 DATE OF	BIRTH (month, da	y, and year) Ja	n. 14.	1894	I lest saw him alive on March 4		
7. AGE	Years 43	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at		
ATTION PER	SAWYER, BOOKKEI	as SPINNER, Sa EPER, etc.		and	General Paralysis of Insane		
100;	SAW MILL, BANK, deceased last wo his occupetion (mo year)	rked at nth and	11. Total t spe occi	ime (years) nt in this upation	Other Contributory Causes of Importance:		
(State	e or country)	Allega	v	ıty			
13. NAM		n Willis					
		Md.		ounty	Neme of operation	Date of	
16. BIRT		ther Mor			23. If death wes due to externel ceuses (VIOL ENCE) if Accident, suicide, or homicide? Where did injury occur?	Date of Injury, 19	
17. INFORMANT Hospital Records (Address)					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL,	CREMATION, OR I		Pete Ange	y7, 19.7.7.	Manner of injury		
19. UNDERTA	AKER JOSE	n C A	al As	A met	24. Was disease or injury in eny way related to occur If so, specify		
20. FILED	Nat.	19 37 Cd	Yarry	Hair Registrar.	(Signed) (Address) of Address)	ason M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Boltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	ll l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 5 1937	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	STAILS.
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u> </u>	

1. PLACE OF DEATH County Carral	2	(131)	Registration Dist. No.	10
			Registration Dist. No	
Village or City Laney		NO. If death occurred in a horpital or institu	stion, give its NAME instead of street	t.,Wa
Length of residence in city or town weere			of foreign birth?yrs	
2. FULL NAME Joseph	IN. Witherne	If U. S. Veteran,	specify WAR	
(a) Residence No.		St Ward.	opcony www.	A
(a) Residence 110.	(Usual place of abode)	Su	If nonresident give city or tow	n and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEAT	TH
SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Month) 24 (bay)	, 193 <u>\$</u> (Yeer)/
HUSBAND of Corral	3. Witheraw	Dev 2 HEREBY	CERTIEY. Thet I ette	inded deceased fr
DATE OF BIRTH (month, day, and year)	W12,1857	I last saw halive on	Mar 24, 19.	3.7; death is s
AGE Yeers Months	Days If LESS then	to have occurred on the dete state		
80 2	/2 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of Importance	Date of on
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	21'1		3.//	Jaco or one
	reunia	Jung Co	lazerz not	due B
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jana M.	to tulercuffsis; but	due to the inforction	nof
TO Dete deceesed lest worked at	11. Totel time (yeers)	lung, following on a	ndesardial insufficiency.	and .
this occupetion (month and year)	spent In this	failure of the my	ocardium. Cross R.	
	hu P	Other Contributory Causes of impo	ortance:	1 1
2. BIRTHPLACE (city or town)(State, or country)	ma	If lyo lungue	Courtey	57
	LOKARET	- Mpseulae	receige our	Land /
13. NAME OF UNIT	ne con	with my	serction.	
13. NAME (13. NAME) 14. PIRTHPLACE (city or lown) State or country)	Ma	Neme of operation	Date Date	1
	Ridinal W	Whet test confirmed diagnosis?_L	Wes ther	re en eulopsy?
15. MAIDEN NAVE Y MAR OV 16. BIRTHPLACE (city or town)	- Francisco		uses (VIOL ENCE) fill in elso the fol	
16. BIRTHPLACE (city/or town)	O MA	-	Dete of Injury	, 19
(State or country)	411.00	Where did Injury occur?	(Specify city or town, county an	
7. INFORMANT MA. J. VV. VVV (Address) and	y turn ind.	Specify whether injury occurred in	n INDÚSTRY, In HOME, or in PÚBL	IC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	944 000	Manner of Injury		
Profession Variable	Despete ////// 2.1.1937	Neture of Injury	,	
9. UNDERTAKER CLASSICAL (Address)	satoan	24. Wes diseese or mixing In any w	vey releted to occupation of deceese	d? 110
Man 1 47 27491	le me De le	(Signed) Mouse	A VItarte	4 2 N

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

should state

PHYSICIANS

stated EXACTLY. classified.

AGE should so that it may

supplied.

CAUSE OF DEATH in plain terms,

TION is very important.

mation should be carefully

-WRITE PLA

A

certificate.

of

See instructions on back

properly

OCCUPA.

Jo

Exact statement

1. PLACE County Village o

2. FULL N (a) Resid

5a. If married, wi

6. DATE OF BIRT

9. Industry work SAW 10. Date dec this o yeer)

3. SEX

7. AGE

OCCUPATION

STATE OF MARYLAND	CERTIFICATE OF DEATH 02829
PLACE OF DEATH	(13P)
County Carroll,	Registration Dist. No. 74
Village or City Ukeevelle Spuns	No. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth? 4 2 yrsmosds.
FULL NAME TRANK WOLFE	If U. S. Veteran, specify WAR
(a) Residence: No. 436 M. Aget Serd St	St. Ward.
(3) Hestochite. Ho. (3) Alternational Discount abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DAW 5 , 193 7 (Yeer)
T married, widowed or divorced HUSBAND of Elegabeth Wales ATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended deceased from 22. 1937, to 1937, to 5, 1937; I lest saw Merive on 1937; death is said
Years Months Deys If LESS than 1 day,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, BAKEL SAWYER, BODKKEEPER, etc.	Cerebral Fremorrhage Mars
9. Industry or business in which work was done, as SILK MILL/Bakery SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and yeer) 1736 spent in this 4041	
IDTUDI ACC (aither four)	Other Contributory Causes of Importance:

(State or country) FATHER 14. SHRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) (State or country)

19. UNDERTAKE (Address)

If so, specify

Registrar.

Where did injury occur? ...

Manner of injury Nature of Injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street or 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritie 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA. ALY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate ARGIN RESERVED AGE should be mation should be carefully supplied. N. B.-WRITE PL. TION is

V. S. No. 1

1. PLACE OF DEATH	7:0
County Carvall	Registration Dist. No.
Village or City Sy Resselle Length of rasidance in city or town where death occurred 5 yrs 9 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) 2 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Lanes Garage (a) Residence: No. (Usual place of abode)	St, Ward Washing fan Desire of the state
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH March 23 70/ (Month) (Day) (Year)
a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
. DATE OF BIRTH (month, day, and yaar) Dec. 26, 1872	I last saw hat alive on Thank 2 3 , 19 97; daath is sal
AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance pure a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaased last worked at this occupation (month and spent in this occupation).	Cutiniareleverin 193
10. Date dacased last worked at this occupation (month and yaar) 2. BIRTHPLACE (city or town) (State or country) 11. Total tima (yaars) spent in this occupation occupation Aug de Frace	Other Contributory Canses of Importance: Aux. Akada Mendal Destruction — Mendal acc
13. NAME Haces Many 14. BIRTHPLACE (city or town).	Name of operation. Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellen O L'adey 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) (Address)	23. If daath was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Variable de Sease Med Date May. 26, 1943. 7	Manner of Injury
9. UNDERTAKER New You Inc. (Address) systemate md.	24. Was disaase or Injury In any way related to occupation of deceasad?
10. FILED Mar 24, 1937 CHarry New Registrar.	(Signed) Mand M. Celo M. (Addrass) Sukraville Md

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

02831

1. PLACE OF DEATH		82.0	
County Carroll		Registration Dist. No.	2
Village or City Finksbu	(1	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. If of foreign birth?yrsm	number)
2. FULL NAME Ethe (a) Residence: No. Finks	The state of the s	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH March (Month) (Day)	., 193.7(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earl W. Ze	ntz rch 1. 1889	22. I HEREBY CERTIFY, That I attended 3 29 37, 19 37, 19 37, 19 I last saw her elive on 3 3/ 37, 19	deceased from
7. AGE Years Months 48	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife Own Home	Cerebral humsly	3/29/3
10. Date deceased last worked at this occupation (month end year)	11, Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) 12. (State or country)	land	Other Coatributory Causes of interesting	-
13. NAME Addison P	ittinger		
13. NAME Addison P 14. BIRTHPLACE (city or town) Man (State or country)	yland	Name of operetion Date of Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Amanda Le	ister	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
15. MAIDEN NAME Amanda Le 16. BIRTHPLACE (city or town)	yland	Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and Sta	
17, INFORMANT Earl W. Ze (Address) Finksburg,	ntz Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Krider's Cem	Date April 4, 19 37	Manner of injuryNature of injury	
19. UNDERTAKER J. Francis (Address) Westmins 20. FILED 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	ter, Mdg	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	M. D.
//	Registfar. ks are needed, address State Registrar	(Address)	1

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Example I	7	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 027	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APR 0 100	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The same of the sa	real)			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	